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HOST COMMUNITIES: ANALYZING THE ROLE AND NEEDS OF COMMUNITIES THAT TAKE IN DISASTER EVACUEES IN THE WAKE OF MAJOR DISASTERS AND CATASTROPHES

HEARING

BEFORE THE

AD HOC SUBCOMMITTEE ON DISASTER RECOVERY

OF THE

COMMITTEE ON
HOMELAND SECURITY AND
GOVERNMENTAL AFFAIRS
UNITED STATES SENATE

ONE HUNDRED TENTH CONGRESS

FIRST SESSION

DECEMBER 3, 2007

FIELD HEARING IN BATON ROUGE, LOUISIANNA

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CONTENTS

	Page
Opening statements:	
Senator Landrieu	1

WITNESSES

MONDAY, DECEMBER 3, 2007

Melvin "Kip" Holden, Mayor President, East Baton Rouge Parish, Louisiana	4
Randy Roach, Mayor, Lake Charles, Louisiana	6
Mayson H. Foster, Mayor, City of Hammond, Louisiana	8
Mary Hawkins-Butler, Mayor, City of Madison, Mississippi	10
Sid Hebert, Sheriff, Iberia Parish, Louisiana	20
Robert A. Eckles, Former County Judge, Harris County, Texas	22
Raymond A. Jetson, Chief Executive Officer, Louisiana Family Recovery Corps	27
Kim Boyle, Chairman, Louisiana Recovery Authority Health Care Committee	30
Greg Davis, Commissioner, Cajundome, and Chairman, IAAM Shelter Task Force	33

ALPHABETICAL LIST OF WITNESSES

Boyle, Kim:	
Testimony	30
Prepared statement	86
Davis, Greg:	
Testimony	33
Prepared statement	100
Eckles, Robert A.:	
Testimony	22
Prepared statement	70
Foster, Mayson H.:	
Testimony	8
Prepared statement	53
Hawkins-Butler, Mary:	
Testimony	10
Prepared statement	62
Hebert, Sid:	
Testimony	20
Prepared statement	67
Holden, Melvin "Kip":	
Testimony	4
Prepared statement	41
Jetson, Raymond A.:	
Testimony	27
Prepared statement	77
Roach, Randy:	
Testimony	6
Prepared statement with an attachment	46

HOST COMMUNITIES: ANALYZING THE ROLE AND NEEDS OF COMMUNITIES THAT TAKE IN DISASTER EVACUEES IN THE WAKE OF MAJOR DISASTERS AND CATASTROPHES

MONDAY, DECEMBER 3, 2007

U.S. SENATE,
AD HOC SUBCOMMITTEE ON DISASTER RECOVERY,
OF THE COMMITTEE ON HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRS,
Baton Rouge, Louisianna

The Subcommittee met, pursuant to notice, at 2 p.m., in the Old State Capitol Building, 100 North Boulevard, Baton Rouge, Louisiana, Hon. Mary Landrieu, Chairman of the Subcommittee, presiding.

Present: Senator Landrieu.

OPENING STATEMENT OF SENATOR LANDRIEU

Senator LANDRIEU. The Subcommittee will come to order.

During Hurricane Katrina, first responders took Kemberly Samuels and her husband to Interstate 610, a highway overpass in downtown New Orleans where they had been evacuating local residents. Local authorities had identified only one official drop-off point, at an intersection of Interstate 10 and the Lake Pontchartrain Causeway known as the Cloverleaf, about 2 miles away. It was also the only rescue point where they had positioned food, water, and medicine. This is how Ms. Samuels explained her experience: "There were people lined up as far as I could see. I saw one 9-year-old boy try to drag his grandmother up the interstate on a blanket. She was too weak to make it on her own. I tried to get them help, but none of the officials would help them. It was so hot you wouldn't believe. We went for a while without water, and when it finally did get there they just started throwing it at the crowd. People were fighting over it, and I did not want to get in the middle of that. They did the same thing with the MREs [Meals Ready to Eat]."

Another story of one of our constituents is Bobbie Moreau. Bobbie Moreau was a legal secretary in Plaquemines Parish who was evacuated during Hurricane Katrina to West Jefferson Hospital. "Barefoot, no purse, no money, no shoes," Moreau recalled. "My daughter went in with the baby. I sat on the curb and just cried." Soon, they were moved to a shelter. "There were over 100 people in one room. The heat was incredible, could not go outside with the baby because of the mosquitoes. We fanned her all night." Moreau

asked the National Guard if she could leave with her family, but they warned that they couldn't leave. She said that they thought the baby would die, so they just walked out to get help.

They went on to live at a friend's house. They broke into the house, cooled the baby off; they took a shower, ate food, and then siphoned gas out of his boat 2 gallons at a time to put it in the truck. "I left him a letter with my nephew's phone number in Arkansas. The only clothes he had that would fit us were boxer shorts and a T-shirt, so that is what we left in. We went across the Sunshine Bridge [across the Mississippi River], got to Prairieville, and my nephew picked us up. We have had a hard time since then, but we made it."

These are just two of thousands of stories that we have heard not just in this State but around the Nation about what happened in the aftermaths of the two storms and the devastation that followed in the history of the Nation. We are aware of thousands of others who found shelter and welcoming arms and open arms as well, which these mayors will testify to. But there has not been a displacement of people this large since the Civil War, and this Subcommittee and many other committees of the Congress are struggling with ways that we can be better prepared in the future.

So I have convened this Subcommittee to underscore one of the most significant challenges during and after any disaster: The role and needs of communities that take in these disaster evacuees—just like Kemberly Samuels, just like the story of Bobbie Moreau, and thousands and thousands of others like them.

This is the seventh public hearing of this Subcommittee, as I have said. These hearings are intended to look into the laws and policies that govern our response to all disasters. Many of these hearings in the past have focused on Hurricanes Katrina and Rita because they highlighted the deficiencies in our response planning.

These stories are just the beginning of a longer, arduous process to rebuild the lives of these disaster victims and others. In the aftermath of the 2005 storms, citizens of the Gulf Coast were shipped, literally—by rail, by bus, by air—all over the country. More than 200,000 found immediate refuge right here in Baton Rouge, our capital city, and evacuees almost doubled the population of Baton Rouge at the time, and we will hear from Mayor Holden about the impact that caused to this community.

More than 304,000 people, according to FEMA estimates, were evacuated to Houston, Texas; more than 80,000 to Jackson, Mississippi; and these other mayors can tell the numbers from their cities.

In addition to the failure at many levels of different government responses, it became clear that the Stafford Act was unsuited to deal with the massive migration of individuals away from their homes, communities, jobs, hospitals, schools, and neighborhoods for an extended period of time. It became clear to many of us that the government had never really asked this question: What do we do with a million people who cannot return home and will be away from their homes for an extended period of time? Over a million people. That question evidently had never been asked before. That is the question that is being asked today. What can we do? How can we make that work better?

"Host Communities" like Baton Rouge, Houston, Lake Charles, Hammond, and Madison, Mississippi, were called upon when the Federal Government failed to provide the resources. In some instances, the Federal Government worked as a good partner; in others, they left gaping holes that these mayors had to step up and fill. They set up systems to feed and clothe and help evacuees find lost family members. They provided health services to evacuees, many of whom lacked documentation or even proper identification.

The challenge for host communities is to provide services to people who are at the apex of distress and to help orient them after a tremendously disorienting experience, to say the least. Host communities are charged with providing a sense of calm to individuals who are frustrated, confused, traumatized, and displaced, and in many instances injured and unemployed. They must also decide where to place individuals, how to provide educational opportunities to uprooted children, how to integrate new citizens into the workforce and communities, how to relieve new strains on transportation and transit systems, and how to navigate the sometimes mind-numbing Federal processes in their efforts to get this done.

Host communities must also have the resources to identify those that have evacuated to their communities but did not report to shelters. They must be able to account for evacuees like Bobbie Moreau, who fled to a friend's house rather than a shelter.

Section 403 of the Stafford Act, which authorizes most of the Federal Government disaster assistance programs, offers aid to regions and residents in a designated, presidentially declared disaster area. Individuals and households who flee the disaster area remain eligible for assistance, but communities that take in evacuees are left without adequate resources to provide for those evacuees. The Stafford Act does not appropriately account for their critical role, and hopefully this hearing will begin to build the basis to fix this glaring inequity in our law.

While the law accounts for the immediate needs of host communities, including shelter, food, and other needs, it does not account for a situation where evacuees cannot return home for an extended period of time.

Just as so many American cities in the southern part of the United States have absorbed large numbers of evacuees from Hurricanes Katrina and Rita, so too would areas of West Virginia and Pennsylvania in the event of a dirty bomb attack on our Nation's capital or the Northeastern States in the wake of a WMD attack on New York City. We must be prepared, and we are currently not.

Mass migration is an inevitable consequence of a catastrophe, be it natural or manmade, and our Nation's Government must broaden its thinking about this policy area as we work to reform our approach toward emergency management and disaster recovery.

I am committed, as these mayors know, to increasing awareness of the impact of catastrophes on their communities and hundreds like them around the country that have generously stepped forward to help. We want to hear their stories. We want to understand their questions. We want to take their suggestions and turn it into a law that works better for them, for the evacuees, and as a greater testament to our great Nation.

So I look forward to hearing from our witnesses. I have heard their stories personally many times, and I thought it only appropriate to actually have a formal hearing to take their testimony so it could become part of the Congressional Record as we rewrite the parts of the Stafford Act that have been shown to be wholly inadequate to the experience that we experienced 2½ years ago, but in large measure are continuing to struggle with today.

So with that, let me ask Mayor Kip Holden of Baton Rouge if he would give his opening statement. Please keep it to 5 minutes, as pre-arranged, and then we will move down the panel from there.

TESTIMONY OF MELVIN "KIP" HOLDEN,[1] MAYOR-PRESIDENT, EAST BATON ROUGE PARISH, LOUISIANA

Mr. HOLDEN. Thank you. Good afternoon. I am Kip Holden, Mayor-President of East Baton Rouge Parish, and I would like to welcome the Ad Hoc Subcommittee on Disaster Recovery to Baton Rouge for this hearing. I would especially like to take this opportunity to thank my good friend Senator Mary Landrieu for convening this field hearing to listen to the unique perspectives of cities that hosted those whose lives were devastated by Hurricanes Katrina and Rita.

While the impact on our communities was not the devastation our neighbors to the south suffered, our own resources were, nevertheless, strained and our lives impacted in ways that had never been experienced before in history. On behalf of the citizens of Baton Rouge and East Baton Rouge Parish, I would like to thank you for hearing from us and for sharing this information with the Senate Committee on Homeland Security and Governmental Affairs. It is our hope that our government will take measures to assure us all that we never again experience the response we saw from the Federal Government in the aftermath of the hurricanes that hit South Louisiana in 2005.

If you will permit me to take you back for a minute to that time, I will attempt to relate to you the impact of these storms and these events on East Baton Rouge Parish.

Following Hurricanes Katrina and Rita, an estimated 250,000 people sought shelter in our city of Baton Rouge. The results were a tremendous strain on housing, traffic, schools, hospitals, and service providers.

From the standpoint of our Administration, we balanced the needs of a vibrant capital city with aggressive plans for development and revitalization of our downtown and riverfront, with the need to be compassionate neighbors to a quarter of a million traumatized and displaced citizens.

One option we have pursued in Baton Rouge to put more affordable housing stock into the market has been to work with nonprofit developers and the faith-based community to provide grants and low-interest housing loans. More funding through HUD should be made available through CDBG dollars. Under the formula used by the State, Baton Rouge received a very small percentage of allocated dollars. The formula used by the State and approved by HUD basically deprived the local developers of providing affordable hous-

[1] The prepared statement of Mr. Holden appears in the Appendix on page 41.

ing and mixed-income housing. The same held through for getting housing tax credits through the Louisiana Housing Finance Authority. It was a formula derived as if no residents from New Orleans or surrounding parishes were living in Baton Rouge.

Our experience was that the community development block grants are the most efficient manner of providing assistance to the cities dealing with the aftermath of a major disaster. Our parish has a consolidated plan in place for using these funds; however, Federal dollars could be more effective if provided with greater flexibility on how those dollars are spent.

You have already mentioned one situation, Senator, and I will repeat it again. I am sure it will come as no surprise to you that those of us who served on the frontline of disaster response following Hurricane Katrina believe the Stafford Act should be updated in light of the government response.

My experience is that the Stafford Act is too restrictive in limiting funding to areas that have suffered physical damage. Our city was significantly affected by a tremendous population shift, with our service providers strained to serve human needs. Yet we are faced with fighting for funds because we have for the most part recovered from the physical damage but still face serious problems caused by the aftermath.

In the aftermath of Hurricanes Katrina and Rita, the Baton Rouge area experienced traffic growth we had not projected for 25 years. For a capital city that was already experiencing severe traffic congestion, the influx of a displaced population resulted in traffic counts that showed a 35- to 40-percent increase in traffic, with frequent gridlock on our surface streets.

With our interstate system serving as a major evacuation route, traffic around Baton Rouge quite literally ground to a halt.

We have not waited for the Federal Government to solve our problems. Only 2 months after Hurricane Katrina, the voters of East Baton Rouge Parish passed our first bond election in 40 years to fund a "Green Light Program" of street improvements that address short-term and long-term solutions.

In May of this year, we kicked off a regional effort—and we are glad that you are a partner in this regional effort—to build the Baton Rouge Loop, a traffic loop supported by the parish leadership of five surrounding parishes that is being designed to relieve traffic congestion. Through new financing options and legislation that will allow public-private partnerships and tolls for financing alternatives, we are taking an exciting new regional approach to transportation planning.

While the volunteer medical response to victims of Hurricane Katrina was unprecedented in Red Cross history, it was severely hindered by inadequate communications, limited resources, and red tape.

Prepositioned Federal assets critical to the operations of our area hospitals were never received. Resources from the Strategic National Stockpile, despite our requests, were never locally deployed and were derailed due to paperwork issues.

Area hospitals were faced with serious reimbursement needs for depleted resources. Many of the patients treated at our area hospitals were uninsured and underinsured, so the impact on our hos-

pitals was tremendous, and even today the waiting time in an emergency room has gone from 1 to 2 hours to 6 to 8 hours.

Our recommendations for improving the level of emergency response following a major catastrophic event: Address the shortcomings of the Stafford Act to provide greater flexibility in providing support to host cities that are impacted by the influx of evacuees from a major disaster; Provide a single point of entry for those who are homeless to streamline access to food, shelter, job services, and access to health care; and safe havens for those who are in need of substance abuse treatment or mental health services; and Help us build healthy communities where public transportation meets the needs of the community and smart growth strategies are utilized to provide mixed-income housing options with health care and recreational opportunities located nearby; and where we can encourage public-private partnerships to rehabilitate old properties to bring them back online.

To all those who found shelter in Baton Rouge, our message was simple: Our hearts went out to them; our homes opened to them; our businesses served them; our city cared for them.

This is the legacy of the Baton Rouge community and East Baton Rouge Parish. But our city was impacted. Today, as we look at disasters that could occur, it may be a hurricane, it may be flooding, it may be tornadoes, it may be earthquakes. But we stand united that we speak with one voice, regardless of our locations, regardless of the States, and say that we need help. And we thank you for your help and thank the Members of the Subcommittee. Together let us move forward. Thank you and God bless you.

Senator LANDRIEU. Thank you, Mr. Mayor. Mayor Roach from Lake Charles, welcome.

TESTIMONY OF RANDY ROACH,[1] MAYOR, LAKE CHARLES, LOUISIANA

Mr. ROACH. Senator Landrieu, thank you very much for the opportunity to make this presentation this afternoon. We appreciate very much the leadership that you have shown in the last 2 years in working with communities all across the coast as we look at not only disaster recovery but also we look at the problems that are facing us as we look forward to the seasons ahead. So we appreciate very much your interest in this area.

I am tempted at this point simply to say "Ditto" to what my good friend Mayor Kip Holden has said. But I am going to share with you, I think, a little bit different perspective, a little different aspect of what communities go through when we talk about hurricane evacuation and disaster response.

Hurricane evacuations are nothing new to Southwest Louisiana. We have been in the sheltering business since 1957 when Hurricane Audrey struck Cameron Parish, our neighbor to the south, and killed over 500 people. The number may not sound as significant as some of the numbers we have heard when we talk about Hurricane Katrina, but that was almost 10 percent of the population of that parish. The residents of Cameron who lived through

[1] The prepared statement of Mr. Roach with an attachment appears in the Appendix on page 46.

that tragedy rarely have to be told to evacuate. Even in the approach of a tropical storm, they evacuate. They know what can happen, and they know what they need to do.

The Red Cross has been an indispensable ally for our community in handling the sheltering operations. Without their help and assistance we would not be able to do what we do for the people who need our help.

Shelters are very public operations. Most of the people who use shelters cannot afford a place to stay or cannot afford to find a place to stay. They are from the very young to the very old, those who are able-bodied and those who are not. They need food, water, medical care, and other essential services.

Our evacuation experience in connection with Hurricane Katrina began like most other events. We had sheltered around 900 people from New Orleans at our Civic Center 2 years before in response to Hurricane Ivan. That operation went very well, and we were more than happy to be able to help once again. Normally, a sheltering operation lasts for around a maximum of 3 days. Although we do our best to provide a comfortable shelter, there is very little privacy. People sleep on the bedding that they bring or whatever we can provide in an open area. There are no private rooms. Most families stay together in a spot that they find for themselves. And most people are more than ready to leave once the all-clear is given.

Although our Hurricane Katrina sheltering operation began normally, it dramatically changed on day two when we realized what was happening in the city of New Orleans. Our Civic Center operation quickly grew from around 900 people to over 2,000 people. It eventually exceeded 3,000. We did not want to turn anybody away. But before it was all over, our newspaper described the community response to the effort as one of our city's finest hours.

Evacuee immediate needs include not only shelter but food, bedding, clothing, bathrooms and facilities for personal hygiene, laundry facilities, and accommodations for pets. When it was apparent that Hurricane Katrina evacuees were going to stay longer than 3 days, we had to address several issues: Security, because a shelter of more than a few hundred people quickly becomes a community in and of itself; entertainment; medicine, medical and counseling services; communications for ways to contact families; money, because many evacuees cannot even access their bank accounts; transportation for a variety of services; legal assistance; access to government agencies; and babies—babies did not wait to be born, and babies had to come, and we had to find a place for Mama and the baby.

Many evacuees did not have identification or birth certificates or documents to validate their applications for assistance. Schools for students with books and supplies and uniforms; had to help people find jobs, had to arrange for mail delivery. But from the community, we had an overwhelming response: Amounts of food and clothing—local relief agencies donated a thousand mattresses. The city set up computer terminals so evacuees could apply for assistance. Local industries and businesses provided volunteers with help in food preparation and service. Churches provided transportation service. The chamber provided job assistance. Local officials as-

sisted with FEMA applications. Families volunteered to take care of people they did not know. A task force was made up of local agencies and officials from across the area. They established their own website, and the United Way and the American Press established a community fund with donations to help support the effort.

There are several challenges when you face a sheltering operation of the magnitude that we had to deal with. When you care for people, you take on an awesome responsibility. It is like having people come to stay in your house only you do not get to do the inviting and you do not know what they are going to need when they get there and you do not know how long they are going to stay. The capacity of our local service organizations was stretched to the limit. The 211 volunteer agency number could not handle the influx of calls.

But in spite of all of that, I can tell you that if we had to do it all over again, we would do it all over again. But the assistance we need from the Federal Government is assistance in the form of being able to provide the services, boots on the ground. And what needs to happen is that those Federal agencies that are charged with the responsibility of providing assistance need to be able to respond quickly to our requests for assistance. They need to be able to anticipate that need and respond when asked.

So we would ask that the Federal Government consider what it can do to assist us in covering the awesome cost of providing the services that need to be provided to people in these types of situations.

Senator LANDRIEU. Thank you, Mr. Mayor. Now we will hear from Mayor Foster from Hammond.

TESTIMONY OF MAYSON H. FOSTER,[1] MAYOR, CITY OF HAMMOND, LOUISIANA

Mr. FOSTER. It is an extreme honor for me to be here, Senator. I thank you for the invitation to come, and may I say, "Ditto, ditto."

There has been much that has been written about what actually happened during Hurricane Katrina and immediately after. There are so many stories about nonprofit organizations and individuals that stepped forward to provide services. But I think today our goal is to look forward, not look back.

Please understand that I am making this presentation—and you alluded to this, Senator—on behalf of hundreds, if not thousands of small communities across the Nation that have experienced what we have under some other circumstances. I feel also that I represent the Northshore of Lake Pontchartrain because we have seen unprecedented growth. Our area has changed overnight. We expected growth over time, but we experienced 20 years of movement in just a few weeks.

Today, we have been asked to present three challenges that we are facing, and to me, without a doubt, those three challenges are transportation, housing, and the ability to deal with Federal agencies.

Anyone that has come to the Northshore has seen firsthand the traffic congestion because of roads that were not planned for this

[1] The prepared statement of Mr. Foster appears in the Appendix on page 53.

influx of people. Senator, you have been in our area. You have seen the traffic tie-ups. If anyone goes from this area to New Orleans or to the Gulf Coast, I invite them to go by the way of Interstate 12 through Hammond, past Covington, and on to Slidell. And if you really feel adventuresome, you can get off on Highway 190 in Covington where sometimes traffic is backed up for as long as 2 hours.

In Tangipahoa Parish and on the Northshore, we have no public transportation system, and many of those that were sent here for emergency living came with nothing except the shirts on their backs. In cases of disaster, our country must be ready to give peripheral areas immediate funding for infrastructure and to meet those transportation needs.

Housing. Our city has determined that to continue to attract business and industry as well as to meet the needs of those moving to our area require housing. Mayor Holden alluded to this, but we have a little different take on things. The city of Hammond has completed a housing study that can be viewed on our website, www.hammond.org, and in the city of Hammond, our whole goal is to provide housing needs to our citizens utilizing homeownership, particularly workforce housing for middle-class Americans, not just affordable housing.

Today, the Federal Government makes available to developers significant tax credits to provide affordable housing, but these tax credits are offered only for the purpose of constructing lease units. If this Subcommittee takes nothing else away from my testimony, I would ask you to please, please, please consider authorizing a portion of those tax credits for developers who desire to make properties available for purchase for homeowners. These tax credits could be acquired either by the homeowner, the developer of the property, or by grants to governmental units who had entered into cooperative endeavor agreements with nonprofit organizations. This would enhance the quality of life for all, including the evacuees to our area.

Governmental liaison. Last, it is imperative, as Mayor Roach said, that the Federal Government develop standards for action within Federal agencies when a disaster occurs. As our Parish President Gordon Burgess has said, host communities should be given more consideration to Federal resources, especially in terms of equipment and facilities, because we, the smaller communities, assume the roles, responsibilities, and liabilities of larger communities by accommodating their displaced residents, with no follow-up resources.

We have made much of the shortcomings of FEMA, and we are not here today to knock that agency. But, FEMA has a pretty good guidebook on the disaster declaration process. The challenge that they had was that they did not follow their own guidebook. We had extreme difficulty when every "I" was not dotted or every "T" was not crossed. Local authorities should be allowed to use alternative solutions if they are found to be more efficient and at less expense than indicated in Federal policy guidelines.

The city of Hammond had 90 percent of our debris removed within 30 days at a cost of about one-third of what the Corps of Engineers were charging. Given the ability to act, local government can be much more efficient.

I thank the Subcommittee for coming to Baton Rouge today to hear our challenges. I encourage you to review our written submittals that contain much more detail than the time allotted today. It is a beautiful day in Baton Rouge, and it is a beautiful day in Hammond, Louisiana. The best is yet to come, but just like our LSU Tigers, we will meet the challenge.

Senator LANDRIEU. Thank you, Mayor Foster, and I really appreciate the specifics of your remarks.

Mayor Butler, we welcome you from Mississippi, and you are mayor of a small town of how many?

Ms. HAWKINS-BUTLER. Around 14,000.

Senator LANDRIEU. Around 14,000. Welcome.

TESTIMONY OF MARY HAWKINS-BUTLER,[1] MAYOR, CITY OF MADISON, MISSISSIPPI

Ms. HAWKINS-BUTLER. Well, thank you, Senator, and I thank you for the opportunity to share with you some of the experiences that we had as a small town as a host community for Hurricane Katrina evacuees.

There was no doubt that our resources were limited, but there was a call, and we as a community and a team pulled together to answer that call and to get the job done. We have always prided ourselves in a community that plans and to try to prepare ourselves for whatever we face, whether it is in providing services to our community or in a disaster. We also know that the most critical element in an emergency, natural or manmade, is to have that plan.

The use of the Unified Incident Command System is very important to a smooth and uninterrupted flow of government services. Proper training of all city personnel, including elected officials, allows the department heads to concentrate on operational issues in a timely manner while the city leaders deal with the terms of policy nature. It is important that plans are in place to accept and provide for the arrival of evacuees seeking shelter from harm's way. As leaders, we must plan for the services and protection of our citizenry, and it is imperative that emergency planning is part of the process.

It is vital to be ahead of the curve, to have emergency declarations in place that will allow the implementation of emergency measures to keep law and order, and to allow actions that can expedite resources to meet the needs of the community and evacuees.

In August 2005, the city of Madison's plan kicked in. Forty-eight hours before the landfall of Katrina, our forces were meeting to ready the city for the worst-case scenario. The rest is history.

When assessing our Nation's worst natural disaster and the role our community played, one of the greatest challenges was providing safe and sufficient shelters for the masses. Every aspect of the evacuees' needs must be considered, such as sleeping accommodations, food, water, immediate medical needs, long-term medical needs, health and hygiene, communication needs—yes, right down to the washing of your clothes.

[1] The prepared statement of Ms. Hawkins-Butler appears in the Appendix on page 62.

Social service, such as counseling, was provided to cope with the trauma. The details of accurate records were a must so families separated could be reunited. The complex, logistical needs to mount such an exercise became even more challenging, and sustainability of these efforts grew into weeks instead of days.

As the relocation time of the evacuees increased, support such as housing beyond a shelter, school for displaced children, employment, and vehicle issues became mind-boggling. For example, the simple task of renewing auto insurance during a time of extended shelter living can create questions that no one can answer.

The ability for people displaced to quickly establish a new address in order to receive mail and information is critical. The need for a new address is important in the direct deposits of funds, such as retirement and benefit payments. It is understandable that the focus of one's attention has been on the large-scale movement of evacuees to larger cities. However, it must be remembered and recognized that smaller communities such as Madison and Natchez, Hattiesburg, and Purvis, Mississippi, also became homes for our displaced coastal residents.

We hope that lessons learned from these hearings may filter down and be used to assist smaller communities in preparing and caring for those in need. We hope the tools will be provided at the local level so we can get our job done. The local level is where you reach out and touch and make a difference, and we need those resources to make that difference. We learned from experience, and we have seen that experience and experienced that experience, and together we build.

Senator LANDRIEU. Thank you very much.

I do have a number of questions, and please feel free in the time we have to answer them. But was there ever a time that any of you were designated officially as a host community? Do you remember when that designation took place or how it took place? Any of you can comment about that.

Mr. HOLDEN. Well, FEMA came in, and first they had this two-tier area where you had parishes that received most of the damage. That was seven. They expanded that number, which then brought Baton Rouge in as one of the cities that should have been eligible for help. But the expansion basically was on paper with no action behind it.

Senator LANDRIEU. And when did that expansion take place? Do you remember?

Mr. HOLDEN. This took place, frankly, around maybe 4 months, 5 months after the storm.

Senator LANDRIEU. So it took until 5 months after the storm for basically you, as a mayor, to even believe that you had any recognition from the Federal Government as a host city.

Mr. HOLDEN. Correct, other than some reimbursement costs that we got, and anybody in any of our agencies can tell you the paperwork that you have to go through for reimbursement costs was really unbelievable. Other than those costs, that was it for what we got, and even those were not timely coming back to local governments.

Senator LANDRIEU. Mayor Roach, do you remember when they first let you know that you were actually a host community and

that some additional resources might be brought to bear for that purpose?

Mr. ROACH. It was several weeks after the event. I don't remember exactly when that was. I think it was when everybody realized that this was going to be a long-term process, the evacuation process. Of course, our situation was a little bit different. We hosted the hurricane evacuees from Hurricane Katrina for about 3 weeks, and then we had our own situation to deal with.

Senator LANDRIEU. And then you all had to evacuate all 3,000 plus your constituents for Hurricane Rita.

Mr. ROACH. Correct.

Senator LANDRIEU. And so you served temporarily as a host community, but then you actually were part of the catastrophe yourself because you were in the eye, generally in the eye of Hurricane Rita.

Mr. ROACH. Right. But we never really stopped sheltering. We continued a sheltering operation all the way through, and actually I think we were one of the last cities in the State to actually close the sheltering operation. It was several weeks after both storms passed that we actually closed our final sheltering location.

Senator LANDRIEU. This is an interesting notion that I am not sure anybody has really understood, that in this case you could be both a disaster site and a host community at one and the same time, which is basically Lake Charles and some of the communities served first as hosts, but because of really just the coincidence, very unfortunate coincidence of another storm hitting, they became a disaster location themselves.

Mayor Foster, do you remember any specific time where you were notified that you, in fact, were a host community and additional help——

Mr. FOSTER. Yes, ma'am. We were never notified that we were a host city. There is a big difference between entitlement cities and non-entitlement cities, and this was one of the things that I brought out in my written testimony, that cities between 5,000 and 25,000, which we are, which Madison is, are oftentimes sort of left out of information. I can tell you that we are the largest city in Tangipahoa Parish. We were not notified as being a host city.

Senator LANDRIEU. Were you, Mayor Butler?

Ms. HAWKINS-BUTLER. No, Senator, we were not. We basically took it upon ourselves to open our doors by establishing a mobile command post at the interstate, putting up signs, and created an information center for the metro area. So we were basically designated as the point of information for evacuees.

Senator LANDRIEU. How did you ascertain from the very earliest hours or days the actual number of people that were moving into your area? Did you have confidence that the system that you were either trained with or was delivered to you to use was accurate so when people would ask you, Mayor, how many people are in Baton Rouge tonight, did you feel confident that you could tell them?

Mr. HOLDEN. Not really, because, I mean, even today we are asking for a real census count, and they want to do this mathematical extrapolation in order to come up with a formula. Some have used and talked about using the number of people who filed their income tax returns. The post office uses a separate system.

So what we did have, I guess, our hands on was the fact of we basically logged in every center that housed evacuees, and so through our emergency preparedness unit, we were able to do that. But at the same time, FEMA had a number of people housed at local hotels. So we could then extrapolate that information to go along with what we have, but still, there was a count that was not there because easily people will tell you they took in 10 and 15 people into their homes, and a lot of those individuals, some have stayed there even until today.

So there are still a number out there, LSU students, Southern students, Baton Rouge Community College students, the number of people actually brought in and treated at LSU for triage, at the PMAC Center. I mean, there are tons of people out there, but there has to be, I believe, some kind of general way to start compiling this information with a lot more accuracy. We, of course, started using traffic data and some other information to supplement it, but, still, that was not exactly scientific.

Senator LANDRIEU. You described a process that you ultimately resorted to when no real system stood up, but the expense of putting that together fell to you all to do? Or did the Federal Government offer to pay for that?

Mr. HOLDEN. No, we paid for the whole system, and let me tell you what: Without the faith-based community—and, again, here is something that needs to be noted. Faith-based communities went out without—they had guidelines that they changed probably 20 times, meaning FEMA. The faith-based community went out, and they did not wait for guidelines. If there was a washer that needed to be put in a church, a dryer, or any other stuff, or purchasing food supplies, many of those faith-based organizations went out and then they put it out. Now, remember, afterwards, that is when the President said, well, we will start reimbursing the faith-based organizations.

Well, then, here is where the technicality came in. They really did not have anything in place. So they asked, OK, can you then submit all of your reimbursements to the city or parish government? And then we had to actually take them in as a unit of our government.

And so we said, well, wait a minute. Suppose there is a liability issue here. You are now asking us to take in all of the faith-based organizations, put them under our government. Would you sign a waiver that says, "Baton Rouge, you will not have any liability"? They said, "No, we would not." Would you sign a waiver that says, "OK, if we do not reimburse all of the expenses that you are sending in, the city of Baton Rouge will not be held accountable"? "No, we would not."

And so the faith-based piece needs a lot more work because a lot of those churches, frankly, I think probably some of them just got their money this year.

Senator LANDRIEU. So what you are testifying to is while the faith-based community was—and we know this—very generous, in many ways when the Federal Government went to reimburse them, they wanted the city or parish government to try to organize that reimbursement process for them so that the Federal Government

would not have to account for every item submitted by each church individually?

Mr. HOLDEN. That is correct.

Senator LANDRIEU. And what you are saying is that was very complicated——

Mr. HOLDEN. That is correct. And we did not have the personnel. But, again, what they did, they took our Office of Emergency Preparedness, and they found themselves in the paperwork business because they knew a lot of the churches. But, again, a lot of those churches will tell you that they did not get 100 percent reimbursement.

Senator LANDRIEU. Mayor Roach.

Mr. ROACH. Senator, one of the things that I think perhaps needs to be at least mentioned in this process is that when we talked to FEMA before Hurricane Rita, and I asked FEMA, I said, "OK, where is your blue book? Where is the plan for catastrophic disaster on a regional scale?" There is no plan for that. The policies are based upon the assumption that we are going to have—we treat a disaster—whether a hurricane affects three square blocks in the city, it doesn't matter if it is three square blocks or 300 square miles, both disasters are treated the same. And those disasters obviously are different. The demands are different. The requirements are different. And so I think the whole process needs to be studied and needs to be evaluated, and there needs to be a blue book, because this can happen anywhere in this country. We can have a situation in California with an earthquake. We can have a series of tornadoes in the Midwest. We can have other problems on the East Coast. It can happen, as you mentioned earlier, with terrorist activities. There needs to be a blue book to handle the regional implications of a large-scale disaster, regardless of the cause, because it is going to result in the mass dislocation of people and the services that have to go along to cover that.

Senator LANDRIEU. For an extended period of time.

Mr. HOLDEN. And if I can add one other thing. From the moment the storm occurred, we asked FEMA, could you have somebody at our OEP who could be the designated person in order to make the calls, because we are serving this region. And at the same time, a lot of the calls that would normally go to the State ended up in our office. But there needs to be somebody who can make a decision on the ground, and those individuals were not there.

The second thing, they need to have stability in regards to their employees because one week you are talking to one person and that person is telling you something; a week or two later, that person may be shipped to Siberia or somewhere, and there is no continuity at that point on. You go back, and regardless of what that individual told you, that is no good anymore, because when that new person comes in, you have to start all over again.

Senator LANDRIEU. So you were not designated officially as a host community. You did not have a consistency of personnel. And you were asked to take on responsibilities like coordinating the reimbursements for nonprofits within your jurisdiction that you did not have the resources or the time or the ability to actually coordinate.

Mr. HOLDEN. That is correct. They had two gentlemen from FEMA who sat down with our office with Jim Barnhart and some others, and they said, Here is what we are going to do, for example, for Renaissance Park, and you will have nice cul-de-sacs and you will have tree lines, boulevards, and all of these things. And Renaissance Village did not get that.

But here you have two people that came to us and said we are willing to work with you all, let us know anything that you need—from FEMA. And those two guys were transferred out within the next 2 weeks to a month. They were gone.

Mr. FOSTER. I think every municipality had that same experience. Every one of them. I know that we did. I know that Tangipahoa Parish did. I heard that St. Tammany Parish did as well.

Again, I do not think that our business here today is to knock FEMA, but what Mayor Holden is saying is absolutely accurate. And, Senator, when you ask about the number of people that are coming in, I think we probably have some differentiation about the number of people that came in immediately after the storm and the number of people that are still there. And I think what we have to prepare for is the number of people that are going to be there immediately after the catastrophe.

I will give you some numbers, and these are in my written testimony. In the Hammond Northshore Regional Airport, we hosted almost 6,000 troops that came through Hammond Northshore Regional Airport. We had 15,000 take-offs and landings from our airport, including the Vice President that came in. We had nonprofit organizations that, to the best of my knowledge, have not been reimbursed a dime. One church group provided 10,000 meals a day for almost 3 weeks to provide food for anyone that needed it.

So there is a tremendous need there, and the preparation is absolutely necessary.

Senator LANDRIEU. Mayor Butler, do you have any idea how many people were in your town, the first night and then a week out and then a month out? Did you have any records that you thought you could count on to try to make the decisions?

Ms. HAWKINS-BUTLER. We had three shelters that were supported by faith-based organizations. We had 300-plus evacuees that stayed for over a month.

Senator LANDRIEU. In your shelters?

Ms. HAWKINS-BUTLER. Yes.

Senator LANDRIEU. How about housed in private homes?

Ms. HAWKINS-BUTLER. We do not know how many were in private homes, but residents did open their homes to the evacuees.

Mr. FOSTER. Senator, anybody that says that they know how many people were there, they are just picking numbers out of the air, in my opinion.

Senator LANDRIEU. After asking this question to everybody I can, that is what I think, too. It is a real guess, which makes it very difficult, as you can imagine, to plan effectively if you are not sure you are planning for 5,000, 25,000, or 50,000. And think about this. Now, you have rough estimates and you have anecdotal information, but there has got to be a better system of trying to get a handle on the actual numbers you are dealing with. It is important be-

cause it tells you how many trailers you might want to order instead of the ones we have rotting in a field in Arkansas. How many do we have up there? We have 10,000 trailers rotting in a field. It would tell you how many hotel rooms you might need to make available, approximately, how many mental health services you might need in a community or how many slots in schools you might need to have, etc.

So I think numbers are important because it gives you some idea of what you are dealing with. And I am understanding that we virtually have a system that is not very accurate in that, and it makes your jobs even harder.

Mayor Holden.

Mr. HOLDEN. But the other thing it does, there are Federal funding formulas based upon population. This State has funding formulas based upon population. So without us getting that accurate account, the revenue stream is not flowing. And because the revenue stream is not flowing, then we are left to our own coffers in order to take care of those basic needs that we are seeing.

And let me just add one other point, because I do not think we can leave without noting that we had a case whereby a young child in elementary school went to a school here with full-blown tuberculosis, but nobody knew. And so we have to go back and say, well, where are we now in getting medical records so these hospitals or the school-based health clinics or other providers can actually know what they are dealing with.

And I do not know where we are, but somebody is going to have to pay fast attention to a situation whereby when you have people who have been walking out in these streets for 2 years and we are seeing them, basically mental health patients, and still nobody knows exactly what all has happened in regards to their treatment regimen, then there has to be some effective strategies on the health care side to cover a lot of those situations. And let me not leave out the elderly and those who are disabled. All of those have to have services provided.

Senator LANDRIEU. That brings up an interesting point, and I have thought about this, but I would like to pursue this line for a minute. We had thousands of children that were displaced, I think at least 300,000 displaced from schools in Orleans, Jefferson, St. Tammany, and Cameron Parishes, etc, that had to go to school somewhere else and did so for up to 18 months. Some children are still not back in their regular school. There were many waivers, and we passed a new law to help that, but it reminded me of this when you said about the case of tuberculosis.

Were you all involved in the waiver of requirements when children came to school in your areas about medical records? Because children cannot enroll without their immunization records. Normally, you have to have immunization records to enroll. Do you remember what was done in your communities? Were those just waived?

Mr. HOLDEN. No. That would have to come through the school board itself in regards to whether or not there was a waiver because they are a separate entity.

Senator LANDRIEU. Do any of you have instances of sick children showing up?

Mr. ROACH. I know that we did take children and enrolled them in school and continued to do that even after Hurricane Rita. But as far as the process and any waivers that were done, I have no knowledge of that.

Senator LANDRIEU. Mayor Foster.

Mr. FOSTER. Based on the speed that we were enrolling children, my guess is that we received no records. But I do not know that for a fact.

Senator LANDRIEU. Mayor Butler.

Ms. HAWKINS-BUTLER. That is determined by the school board.

Senator LANDRIEU. One more thing, you all mentioned the entitlement of cities. I think you are probably referring to some cities that get direct community development block grant funding based on size, and that is usually the larger cities, and the smaller cities do not. Would you all think that at least the community development block grant structure might be a good way to get additional unrestricted flexible aid to host cities after a storm? Would that be something that you would want to recommend, or is there another way that you think the Federal Government should be responsive in identifying you as a host community, allowing you to know what you are entitled to, and then providing funding? Would you think that the community development block grant might be a way? Or would you suggest something else?

Ms. HAWKINS-BUTLER. I think it would be important that host cities be named and designated and that those cities are known and it is communicated to the public who they are, and that the funding be put in place for those cities to get the job done, whether it is under a special appropriations or line item. But I think it is most important that we know who the host cities are and that they are prepared, whatever is needed is put in place for long-term housing or medical facilities.

One of the things I would like to say and just in closing, what we experienced was really a problem when we had people from other States coming through our community to go to the coast or come to Louisiana to help. They were not prepared. They did not have fuel. It was chaos. So that is something that needs to be addressed, too, when individuals come from other States to address an area that has been devastated.

Senator LANDRIEU. Mayor Foster.

Mr. FOSTER. In the city of Hammond, we established a reserve, a disaster reserve. We put $1 million into a fund that in case this ever happens again, our city council does not have to say to itself where are we going to get this money. We do have a reserve. Hopefully it will be less than that.

I think that it would be very appropriate if the Federal Government could do the same thing, have some reserve money in case of a disaster such as Hurricane Katrina, with some characteristics of what the disaster would be. Of course, we have disasters every day across the country. I realize that.

In terms of whether or not it should be CDBG, in my opinion it would be dependent upon how the rules for disbursement were established. Again, if it is just for entitlement cities, that leaves out smaller communities, less than 25,000 population. We again would

have to go fight for those monies. We would have to fight the larger cities for the dollars.

So if there is some type of method of distribution recognizing, say, municipalities that were set up as host cities or host parishes that would be able to acquire some of that funding quickly, then CDBG would be appropriate.

Senator LANDRIEU. Please let me say I meant a model of community development block grants, but that would go to all the cities, not just limited to the larger. Those reimbursements can get complicated, and even though it is touted as a flexible Federal program, I find the Federal Government overuses that word. It is not usually as flexible as the Federal Government sometimes claims it is. But I understand——

Mr. FOSTER. It is never flexible.

Senator LANDRIEU. It is never flexible enough. Mr. Roach.

Mr. ROACH. That might be an oxymoron to say it is flexible. [Laughter.]

Mr. ROACH. But I would caution you on utilizing CDBG money. It took me a while, after I got elected, to be able to say "CDBG" real fast, but I can say it fast now. And I know we are big on acronyms sometimes, but I just penned one out here called "CDRF" money, community development response fund. It can be structured similar to CDBG, but it has to have a different focus and a different purpose, and it has to have its own set of rules and regulations, because I know we have to have rules and regulations. But those rules and regulations need to be specifically tailored to what those monies are going to be used for.

And I think we have a tendency sometimes—especially in this situation, I certainly can understand it—to want to use an existing funding source, an existing vehicle to provide that money because we need it now. But if we are looking at it long term, what we are going to do in the future, what can we do from a lessons learned approach, I think we need to recognize that disasters are unique and different. Each one is going to be different, and there needs to be methodology that we could use in order to fund those communities that are involved in that disaster recovery effort—whatever that disaster is. It might not be a hurricane next time. There might not be any flooding involved at all. It might be totally wind-driven. But we need to have an ability to funnel funds to those communities quickly so we can meet the need.

Senator LANDRIEU. That is an excellent suggestion. Mayor Holden.

Mr. HOLDEN. I agree with him. Again, this funding formula that they came up with is patently unfair to a lot of areas, including Baton Rouge. So I just want my friend, Mayor Foster, to know that there were equal opportunity challenges there, but there are other parties that, when you look at the funding.

The last point I will make is also FEMA should not start programs that they end at a certain period of time and leave the local governments having to pick up the burden. And that came true especially with the Paratransit program that they started, and now those costs are being absorbed by us. And we are subsidizing transit now almost to the tune of $3 million, and it is a quasi-public agency, but they are looking for the city government to bail them

out each time they run a deficit, especially, again, this program was started by FEMA, and then they gave them a certain cutoff date and said that is it. And then the only people left as the bad guys are the transportation system, Capital Area Transit, and our government, and we look like the Grinches who stole Christmas from them.

Senator LANDRIEU. And this transportation system is helping people that are temporarily living in Baton Rouge, getting to worksites in——

Mr. HOLDEN. Doctor's offices, grocery stores. I mean, there are a myriad of things that Paratransit provides. But, we are having to have some cutbacks, and some people are not getting the service. But we are left now having to provide those dollars and cutting routes because of the lack of funding.

Senator LANDRIEU. OK. Well, thank you all very much. That wraps up my questions, and we may submit more questions to you in writing. But I think this testimony has given us a great basis to proceed.

Let's take a 5-minute break, and the other panel can come forward. Thank you all very much.

Mr. HOLDEN. Thank you.

Mr. ROACH. Thank you.

Mr. FOSTER. Thank you, Senator.

Ms. HAWKINS-BUTLER. Thank you.

[Recess.]

Senator LANDRIEU. Let me welcome our second panel. I know that some of you are here to hear the remarks of our distinguished mayors who represented several of our host communities, and the second panel represents other elected officials and community leaders who are on the front lines of serving this host community. This graph will call your attention to a pictorial of where people fled. And it is very telling because you can see your dark spots, whether it is Houston, Lafayette, Lake Charles, Jackson, or Picayune. But then you can see how far dispersed this diaspora was.

I would be hard pressed to think of another disaster in our country's history truly where people would be so far flung away from their regular homes and places of work, which is why this is important for us to get lessons learned down and to correct it for the next time. We are still living through the shortcomings of the last disaster, and I say "disaster"—two storms, multiple levee breaks, but talking as one. There is little we can do to go back other than just continue to take steps forward, but there is a lot we can do to prepare this country for the next time this happens. And I want to restate again that the primary concern of this Subcommittee is to build a better mousetrap, and we intend to do it. What we have is just wholly inadequate.

What I would like to do, because time is short, I would like just to introduce the whole panel at once and then ask the sheriff to begin. Our first witness will be Sheriff Sid Hebert, who served as Chairman of the Louisiana Commission on Law Enforcement and Criminal Justice and as Past President of the Louisiana Sheriffs Association. I think, Sheriff, you were the President of the association during the storm. So he brings a unique perspective from law enforcement's commission.

Next we will hear from Judge Robert Eckels of Harris County, Texas. Judge Eckels oversaw the Harris County Office of Homeland Security and Emergency Preparedness during the 2005 hurricane and the evacuation and sheltering operations associated with them. I understand, Judge, you worked very closely with Mayor White. You all worked as a team. For us in Louisiana, don't be put off or on by the word "judge." He is actually a county commissioner. He is not the "judge" in our sense of the word. He is the executive. [Laughter.]

Judge ECKELS. Senator, I can still do mental health commitments. [Laughter.]

Senator LANDRIEU. That is what they call their folks in Houston.

Then we will hear from a great leader in our State, Raymond Jetson, who is CEO of Louisiana Family Recovery Corps. Mr. Jetson was charged with providing leadership in the coordination of local, State, and national efforts to connect people and families with the resources needed to return and resume their lives. He is formerly a State representative and has quite a story to tell.

Our fourth witness will be Mrs. Kim Boyle, also an outstanding leader, a partner in the employment law group at Phelps Dunbar. She is a member of the Louisiana Recovery Authority and is Chairman of the Health Care Committee, so she has seen firsthand the challenges of our communities and our people of trying to continue basic health care, including mental health services, which is really one of our acute challenges today.

Greg Davis, Executive Director of the Cajundome, was in the front line there. He has served as a board member for CABL, Council for A Better Louisiana, and he along with Council President Joe Durrell led the effort in Lafayette, and we so appreciate you being here.

So why don't we start with 5 minutes each, and then we will have a round of questions.

TESTIMONY OF SID HEBERT,[1] SHERIFF, IBERIA PARISH, LOUISIANA

Mr. HEBERT. Senator, thank you very much for having myself and certainly my associate members here on the panel to address you, and hopefully your Subcommittee will establish a record, a permanent record, for what your contemporaries will at some point sit down and have to digest when it comes to examining Federal policy on catastrophic events nationwide.

Senator, I have given this a lot of thought, not only during the event itself but certainly the last 2-plus years after. The only thing I can come up with would be the devastation to Pompeii in the major volcanic era. And I can think of nothing through history to determine how large a population was displaced, to echo your words. I think you were extremely accurate when it came to that.

As being the only law enforcement person per se on the Subcommittee to address the group, it gives me a very unique opportunity to not necessarily repeat but to echo in some sense the voices that the mayors gave to you.

[1] The prepared statement of Mr. Hebert appears in the Appendix on page 67.

Interestingly enough, of all of the groups that will come to the Federal table to ask for assistance, temporary as well as long term, law enforcement would be the easiest to satisfy because we look for no new money. And the difference between us and long-term recovery would be is our needs are more immediate, would be literally within weeks, months. And in this catastrophic event, now we are 2-plus years into it, and we are still being affected very dramatically.

But to have you understand the interesting problems that we dealt with, initially a host city—I still wonder what that term means, Senator. I am not quite sure. But, really, in our eyes there was no such thing. It was a matter of setting up for an unknown amount of people with unknown names and unknown ability to identify themselves, with unknown clothes and unknown anything to get there and establish their identification, more than just lay on the floor.

In my presentation, as I hope you will read, and certainly your other Senate Subcommittee Members will as well, within the first couple days, interesting problems started to present themselves right after Hurricane Katrina as my staff members, along with volunteers, Red Cross, school members, and the members of the church, as my mayor put it so eloquently, came to the rescue of many thousands of people throughout the State of Louisiana. The problem started to rear its ugly head quickly when it comes to security, offering the most immediate services to the evacuees. You think you will get 200 to 300. You end up with 3,000. This really is not, as I perceive this, a Federal problem immediately. But when it comes to a bit longer term—and I mean that meaning days—the assessment, on-ground assessment from a Federal military unit or a Federal Department of Justice or Federal FEMA group that could come in and do a very quick assessment of what that impacted area's needs would be quickly, such as sanitary conditions, quick military response—as our National Guard was able to do so to some degree. But it was overwhelmed by the nature of the geographical vastness of the problem.

What I noticed in Hurricane Katrina, as I was displaced as a sheriff, uniquely enough, as my representation statewide took me out of my local parish where I was housing 3,000 people, I was in the Gonzales area where we staged up and then spent most of my time in Greater New Orleans area, to be pushed again when Hurricane Rita came, and then ultimately things changed. But we started dealing with, after about the tenth day, mental instability with workers, volunteers. Stress was a dramatic problem that they dealt with. There was nothing for them to rely on when it came to mental assistance, medical evaluations, the people that were there. And for those Senators that hopefully will understand the dramatic problem that we dealt with in these communities, these new developed tent and housing communities, we displaced some 650 sexual predators from the Greater Orleans area into our communities. And we struggled with the FEMA restriction that did not allow us to identify the people that were there.

In two cases here in Louisiana, sheriffs had to sue the Federal Government to try to gain access to identities in FEMA trailer courts. It is a very unique problem, and we certainly understand

the right to privacy. But, on the other hand, you have people who are in violation of their probation and prior judged issuances.

I guess in a way it needs to be addressed and certainly looked at. But if I can quickly, so I don't burn to much time, a quick assessment by the military officials to determine needs and mobilize in quick time. The military, whether it be States and/or Federal, could be a dramatic assistance to cities from a public works standpoint as well as law enforcement assistance if properly coordinated. Establish nation—here is one that may be overlooked. Establish a nationwide website for the Department of Justice that evacuees could quickly register their whereabouts through a connectivity, as simply as a website location, and we could offer them to do nothing more than download their information.

As you see in Third World countries when people put their pictures up on those walls, on big boards, that is what we resorted to. A nationwide news agency helped us with that, developed that. We tied into it and certainly were able to find missing people and location people who they thought were missing and/or deceased. Very easy to do, not terribly expensive.

Stafford Act, you talked about it. Senator, you, if I can only tell this group of people here today, and certainly your friends in Washington, you were a monumental help, along with the Senators from Mississippi, to re-evaluate money away from the Stafford Act for immediate distribution to the areas that literally could not function as public service responsibilities. We would hope that Stafford would be revisited long term, adjustments made, and a quicker—instead of having to go there literally and throw ourselves in front of the train, a way that it could be addressed for the immediacy of the public service providers.

An infusion of medical services to include mental health professionals, I am not even sure if you have that authority, but I would offer that as a thought. And then certainly long term, if possible, if FEMA is listening, please give us the identities of the people in those communities so we can address that accordingly.

And here is one that I would want it to be a bipartisan issue. Identify social issues within each community in this State as real. I do believe in international terrorism, and I do believe there are domestic terrorists. But in the last 7 years, to have a grant writer working for a local law enforcement agency is useless because there are no grants to compete for. You cannot even begin to try to be diverse in the way you address the issues in your locale, because there is no longer money other than the things that we can use to stop terrorism. It in a way, it needs to be re-addressed, Senator.

Senator LANDRIEU. Thank you so much, Sheriff. Judge Eckles.

TESTIMONY OF ROBERT A. ECKELS,[1] FORMER COUNTY JUDGE, HARRIS COUNTY, TEXAS

Judge ECKELS. Thank you, Madam Chairman. I am honored to be here. I am Robert Eckels. I want to make sure the Subcommittee and, Madam Chairman, you understand that I am here in my capacity as the former judge of Harris County. I am a partner at Fulbright and Jaworski, and I appreciate the firm's being

[1] The prepared statement of Judge Eckels appears in the Appendix on page 70.

very supportive of my continued work on this. I left about 6 months ago. I think Hurricane Katrina wore me out, Sheriff.

After Hurricane Katrina, I did represent about 4 million people in Harris County. The region is about 5 million and was able to accommodate approximately a quarter million people, we think, that came into the Houston area. Originally, it was planned to be 2,500 people. It grew to 23,750 to be the evacuees from the Superdome, and it turned into about a quarter million; 65,000 actually came through the Astrodome itself.

Senator LANDRIEU. Can you repeat that? Sixty-five thousand——

Judge ECKELS. Sixty-five thousand actually processed through the Dome. We had a maximum population at any given time of about 25,000, maybe 27,000 in the Superdome complex, between the Astrodome, the Reliant Center, the convention facilities next door, and the Astro Arena convention facilities on the pad, but we triaged about 65,000 that came through. The first day, about 8,000 actually processed straight through and never even stayed but arrived. We operated the New Orleans Housing Authority. The Director of the Housing Authority was one of the evacuees on a bus coming in and actually partnered with us very well.

I will quickly go through the prepared statement and touch on a few things, as you mentioned, the issues between host communities and impact communities. Like much of New Orleans, we were a host community for a period of time, about 3 weeks, and then Hurricane Rita came. We tried to take the things we learned and ensure that as those people that we shipped off to—the last group, I believe, went to Fort Smith, Arkansas—that we had a good manifest so they knew what to expect. Our biggest challenge as people came in was the lack of information. I do not think that the folks here—I cannot fault the people here because they did not have the information. It was a mass exodus. It was not an organized evacuation from Louisiana, as the folks loaded in buses and cars, and the folks came to Houston.

The main issue that we had was the reimbursement question coming in for actual expenses. The congressional action, the laws we operated under are designed for—and the way FEMA operates is it follows those laws—is designed for an impact zone, an area that is hit, where our people will do straight time and work for the folks in the community, much as we did in Tropical Storm Allison where we had another quarter of a million people who were out of their homes. In that case, the county officers and the Houston Police Department and our social service workers all take care of our people, as we always do.

After Hurricane Katrina, however, we had a quarter million people that came from outside into our community, and if I had hired private security guards in the Astrodome, I would have been reimbursed. But the sheriff's deputies and my county employees, my social service employees, all of the straight-time folks are not eligible for reimbursement. And if there was anything I would look at in a change in the Federal rules, I would change that. And I do not think you can, as earlier witnesses testified, designate a host community in advance because host communities come where people show up. But you can put in place a process that people can follow and be reimbursed for their expenses.

The incentives that we were given in Houston told us next time to say, "I am sorry. The air conditioning is not working in the Superdome. Go to San Antonio. Let them worry about it." We would not do that. I do not think the people of Houston would not take care of the people that show up from New Orleans or Dallas or San Antonio, or wherever they come from. But the incentives are there not to do that, and I cannot tell you that is not a problem in another setting. And it is an issue. And New Orleans may be the host city next time for somebody coming from Mobile. Or it may be that Baltimore is the host city for Washington, DC, after a disaster.

Senator LANDRIEU. So let me just say, you would have been reimbursed if you hired private security guards, but not if you used your own personnel for straight time.

Judge ECKELS. Correct. We were reimbursed for all of the contract expenses in the Astrodome.

Senator LANDRIEU. But not your personal——

Judge ECKELS. Not of our personal——

Senator LANDRIEU. And then you were not reimbursed for the air condition usage or the——

Judge ECKELS. No. We were reimbursed for the use of the facility. We were not reimbursed for lost events. What immediately happens is the other cities that do not give up their convention space jump on and cannibalize the functions. It is not a big deal for the 1 year because FEMA did pay us our rack rate for the Astrodome and for the Convention Center. What happens, though, is when you relocate a major convention from New Orleans or from Houston and they go to San Antonio, the next year they go back to San Antonio and the next year they go back to San Antonio, and so you lose that business over a long period of time. And so that is a common problem for every city that has to give up their convention space. There is no real way to reimburse long term, and there have been those kinds of problems.

So the short answer is that reimbursement needs to recognize a different set of issues in host communities. As we evacuated from Hurricane Rita, as was discussed earlier on small towns, Polk County, Brenham, Livingston, all the little tech towns through East Texas and Central Texas became host communities for people from Houston that were evacuating, that were stranded on the road, they went into their schools and community centers. In many ways, it was more difficult for them than us because they are a small town, and you take a small town and drop 2,000 people in there, that is a pretty big impact to try to—and they did a yeoman's job taking care of people from Houston, and we really thank them for that. But that is a big issue for small communities, and they need to know that they won't be expected to absorb those costs over the long term.

Mayor White and I convened daily meetings, and the county was able to absorb—we have got a $2 million budget. We can absorb some costs of our operations. The city has a similar size budget. The mayor advanced $10 million for housing vouchers assuming that FEMA would come through and pay them. They did. But they just did it based on—betting on the come, if you will, that it would be there.

We did not have the reimbursement issues that we saw in Louisiana because we had good relationships with our State Emergency Management Agency. I remember one of the sheriffs complaining about challenges on getting money from FEMA, and I wanted to call him and say FEMA does not send the money, the State sends the money. I had already received $7 million from our Texas Division of Emergency Management and Governor Perry's office because we followed the paperwork and the process. And I think there is a lot of education that goes on with that. The ultimate issue was some of it is time for reimbursement and some of it is actual dollars you are eligible for. We are still waiting 2 years later for reimbursement on some of our expenses.

We had a real issue with special-needs evacuees. Most of the evacuees from New Orleans were special-needs. We did not know who they were. There needs to be—and it is multiple issues on special needs that is addressed in my written testimony, but it is identifying them in advance, identifying them in transit, and then having the shelters prepared. The State of Texas—and I would encourage you and anyone who wants to look at a planning process to ID those people, provide wrist bands, and not only the people but the wheelchairs and their equipment to travel with them, to be able to handle that special-needs population as they move forward, and use a lot of the private sector that is able to provide some of the technology to help as you involved the special-needs population.

I mentioned the private sector because there was a prime example in the Astrodome with the debit cards, and I will tell you that I think the debt cards is a great program, but—and it is a compassionate program. It puts cash in people's hands when it needs to be there, and it helps Congress and FEMA and the service providers track expenses and what people are using the money for when they come back later and say they need more cash. But if instead of having a bunch of bureaucrats come in that can do 50 or 100 debit cards an hour, you would say Chase Bank, who issued the cards to begin with, you have got 1,000 branches, issue cards, which you do, you would have 1,000 locations. You would have bank accounts. You could transfer the money immediately for those folks, and it would provide tracking of the funds and tracking of expenditures, like you use the Visa or MasterCard type of card to limit it so they cannot buy lap dances and alcohol, as some of them did with the cards that they got. It set up FEMA for criticism from Congress that people used the money for things that they should not have used it for. The fact is most people desperately needed the money and used it for what they needed. Overall, it is the kind of program and a great example of where the private sector could come in and provide a lot of help.

The final thing I would close out with is, as you are looking at solutions, look for regional and State solutions. It is very difficult to come in on a national plan with a Federal prescription of how you are going to work in a local community. Our classic that was touched on earlier was the shelters. The faith-based community came forward. I now am on the board of Interfaith Ministries, and between them and Second Baptist, they were part of that daily meeting with the mayor. We had thousands of churches that popped up as ad hoc shelters. To come back later for reimburse-

ment, we set up eventually a per diem system, which was very much resisted by FEMA. But FEMA was cooperative and helpful to us at a local level. They agreed to it. But after the bean counters took over and wanted an audit, they asked these churches to give positive ID of every shelter victim that was there, and some kind of driver's license or Social Security number, the number of people, the number of nights. And when you are underwater—this is the old analogy of when you are in the swamp with alligators, are you trying to drain the swamp? You cannot come back later and ask a small organization that has not got the technical expertise or the training, that is really just trying to help people to cross the T's and dot the I's and fix the paperwork in order to qualify for reimbursement.

Senator LANDRIEU. Well, we need a Good Samaritan statute and something that is clear and easy to follow for people that step up, and we will follow that.

One question, and let me move then to Mr. Jetson. But when you said that you took in most special-needs people, was it most special-needs was the majority of people going to Houston or just to the Astrodome?

Judge ECKELS. Everyone who came in through a bus or transit, or many others who just showed up at the Superdome because it is easy to find and they knew where it was as they drove from Louisiana, was triaged through our medical facilities, eventually set up as a triage——

Senator LANDRIEU. But the people that drove their own automobiles that never went to the Astrodome, do you think they were special-needs or——

Judge ECKELS. Some of them were. What we have done in Texas, the State DEM, the Emergency Management Division, has redefined special needs as anyone who cannot get out on their own. There are some who have physical needs, some who have mental problems, some who have—are just transit dependent and cannot get——

Senator LANDRIEU. And you all have an accurate count of that between the doctors who showed up who just went right to work in the hospitals as opposed to people who showed up and were in wheelchairs?

Judge ECKELS. We have within our facilities at the Astrodome where we handled the people who came through the Dome complex through the city's Exposition and Convention Center, they operated in—Harris County Hospital operated one. The University of Texas Health Science Center operated one that served people outside of the shelters that came in. We can identify those people who came to our shelters.

Senator LANDRIEU. Can you identify people who did not come to your shelters?

Judge ECKELS. No, we cannot. We can do a survey, but we have not. The people that came to the shelters—the challenge of New Orleans was that the people that were left were the people who couldn't get out. They either had no friends, they had no family, they were medically dependent, they were compromised or transit dependent, they were compromised to begin with, many of them. So they were just loaded on buses. They spent 7 or 8 hours coming to

Houston where, if they weren't physically stressed before they got there, they were after a long bus ride with little food or water and maybe no bathroom break. If they had medical problems, mental problems, they were off their meds. We had the tuberculosis cases that were talked about with poor medical care underlying the system in Louisiana, and I cannot tell you that is not happening all over the country. But many people came in, received medical care for the first time in their lives, comprehensive medical care through the Harris County Hospital.

I appreciate you having us out, and I am happy to answer more questions. I know we are short on time today. I would commend to you all of the written testimony previously submitted.

Senator LANDRIEU. Mr. Jetson.

TESTIMONY OF RAYMOND A. JETSON,[1] CHIEF EXECUTIVE OFFICER, LOUISIANA FAMILY RECOVERY CORPS

Mr. JETSON. Thank you very much, Senator. On behalf of the parents, children, grandparents, aunts, uncles, college students, executives, bus drivers, nurses, doctors, construction workers, case managers, first responders, and the nonprofits and faith-based organizations who served them, I say thank you for your continued commitment to support recovery along the coast and the strengthening of our people. I want to get right into the challenges, innovations, and recommendations for improvement.

The first challenge at the Louisiana Family Recovery Corps, a nonprofit created after Hurricane Katrina to serve people who were impacted both by Hurricanes Katrina and Rita and have served more than 30,000 families in our existence, the first challenge that we found, Senator, was that there was no adequate plan to address a response to human recovery. I respect greatly the challenges of the municipalities. I respect greatly the challenges of those who would seek to provide security and those who would do sheltering and all of the other things. The missing ingredient in most of this was certainly things that spoke to the needs of the people themselves who were impacted by the disasters. Their loss was initially and accurately attributed to a physical phenomenon, but the loss of community and support networks and control of their own destiny was actually destroyed by the hands of those who were charged with executing on their behalf.

There was a lack of clearly defined roles and responsibilities and a lack of collaboration and planning that caused well-intentioned solutions to have profoundly adverse impacts. There was no cohesive plan for human recover, no lead agency that was recognized by the stakeholders as the one having the plan. This caused confusion amongst providers. In addition, there was no clarity as to who would be responsible for what. There was a total absence of common goals, outcomes, and strategies. There was a lack of partnership and the absence of a master strategy.

The activities undertaken by stakeholders exceeded greatly their traditional roles and expertise. As you heard from the mayors and others who were involved, the absence of collaboration from content experts produced short-term solutions to attempt to address very

[1] The prepared statement of Mr. Jetson appears in the Appendix on page 77.

complex issues. The downside of that is the short-term nature of those solutions produced long-term negative outcomes, a prime example being the aforementioned transitional trailer communities that FEMA put in place. Their decision to locate these communities without social services and being dislocated from the very resources that people would need to recovery led to the situation that we face now. The only services that people received in these communities were because of the initiative of faith-based communities and local quasi-governmental institutions who would go in to serve these people. And so that is an example of the absence of an overall strategy and the lack of collaboration and planning leading to long-term problems and consequences.

The second challenge that we faced was the service capacity to address the needs was destroyed and overburdened. You heard example after example from the government and from local municipalities. I would suggest to you that churches and community centers and nonprofit organizations, such service organizations are the cornerstones or the safety nets that have served people. The storms destroyed most that would serve the people who were historically served, and the people who were displaced ended up in communities where the safety nets existed in those communities were not equipped, did not have the resources, were already challenged to serve the people in their existing communities, now had a brand-new population to serve with no additional staff, no additional resources, and a huge pile of paperwork if they wanted to seek Federal reimbursement.

The reduced service capacity meant that service providers took on responsibilities outside of their expertise. This quickly became overburdened, and likewise, specialized services such as substance abuse and mental health services became non-existent in terms of access for people who had been displaced, as well as many of the residents who were in the communities already. The disaster-related needs that manifested themselves extended far beyond the traditional service offerings of most of the faith-based and community-based organizations.

The third challenge that we saw, Senator, was that the financing for human recovery was totally inadequate and overly restrictive. There was not funding for the recovery of people and families, and I would suggest to you that is the most daunting aspect of the recovery we faced. We know how to build bridges. We know how to build levees. We know how to build homes. We are not clear on what it takes to restore families. People did not simply lose their homes. They lost their neighbors. They lost their support networks. They lost the structure that gave them a sense of belonging. And the patchwork financing from Federal funding streams was not designed to provide disaster funding. In most instances, the money was tied to traditional government programs, which limited the people that could be served and the types of services that could be provided for those that we could serve under those restrictions. For example, the TANF supplemental grant, we are very thankful for it, but it certainly designates the people that you can serve and what you can do with those individuals. Likewise with the social services block grant funding and other dollars. And so those are three challenges that we found.

In terms of innovations, the Family Recovery Corps has evolved and learned that there has to be the creation of a needs-based service model to address individualized issues in recovery. The Recovery Corps and its practices in serving the needs of people and families has evolved to service approaches that offer a combined menu of services and access points for people and families. There is not a one size fits all, nor is there a one place that fits all.

In addition, we have learned that it is important to become responsive to the needs of people and families as soon as they become apparent. People and families cannot wait for us and our bureaucracies to navigate their needs. We also are focused on a centralized and personal access to information and services. Despite the variety and increase in toll-free numbers, there was not a single number where people could access the information that was critical to their needs and their recovery. This was particularly important for people who were located out of State whose access to information was limited to the local news venues, the local media venues where they were. The Louisiana Family Recovery Corps created NOLA Bound, which was a call center that we staffed with social service professionals that people could call and get real-time information about their neighborhoods, employment, schools, child care, and housing. And we also learned that a localized approach to service delivery creates trust and credibility. The closer you get to people and families, the closer you get to their needs.

And I would suggest to you very quickly, Senator, three changes. There has to be funding sources that are designated specifically to human recovery that are not tied to government programs for the reasons that I alluded to earlier.

Second, there has to be clearly defined expectations of FEMA in its planning, development, implementation, and management of disaster responsibilities. There has to be clear responsibilities for other stakeholders to participate in the planning of the recovery, the development of that recovery, and the implementation of that recovery that impacts their life, their communities, and their neighborhoods.

Additionally, and finally, there has to be a more appropriate mechanism to address the emotional well-being of people who are impacted by disaster. The existing approaches are not designed as interventions for people who have truly been impacted by disasters. They are not designed to help people rebuild their support networks, integrate into new communities, and learn techniques to successfully manage the stressors. And so there has to be a different approach to address the emotional well-being of people who are impacted by disaster. Thank you very much.

Senator LANDRIEU. Thank you, Mr. Jetson. Ms. Boyle.

TESTIMONY OF KIM BOYLE,[1] CHAIRMAN, LOUISIANA RECOVERY AUTHORITY HEALTH CARE COMMITTEE

Ms. BOYLE. Senator Landrieu, thank you for having us here today. On behalf of all of the citizens of Louisiana, as well as the Louisiana Recovery Authority, I would like to personally thank you for continuing to pursue solutions to problems that have plagued

[1] The prepared statement of Ms. Boyle appears in the Appendix on page 86.

evacuees, as well as the cities that took them in, over the past 2½ years. I would also like to thank the people and communities across America that welcomed us, the evacuees, into their towns, their schools, their hospitals, and into their lives.

I would also like to personally thank Judge Eckels and Mayor White because I did evacuate to Houston, and I can say with full confidence and I can say clearly that the citizens of Houston welcomed us with open arms and went out of their way to try to ensure that we were taken care of during that time that we were there.

Mayor Holden referred to the work of the faith-based communities, and while this is more appropriate to Reverend Jetson, I would like to also commend those communities because I saw the work of the faith-based communities firsthand, and these communities worked very hard with evacuees in Houston, never looking for what the method of reimbursement was going to be. And I think it is critical that their work is recognized publicly.

Being forced to evacuate, Senator Landrieu, I saw people struggle not just to find a secure place to land, but to retain their physical and, more importantly, their mental health, which you have talked about this afternoon. There is no doubt that catastrophes such as Hurricanes Katrina and Rita will continue to occur. But it is clear that we owe the citizens of America a better response when those catastrophes do occur.

I was very lucky. My situation is very different than many of the people who had to evacuate. As stated, I went to Houston, where I had family members. I went to Houston, where I had a support mechanism through my work situation, and my parents were able to travel with me. So my situation was different than many of those people that Judge Eckels referred to in his testimony, i.e., people who had to go to the Superdome, people who had special needs.

My parents were lucky. When they left New Orleans, they were prepared. They had their list of medications with them. They had a supply of medicine actually with them. They were able to access their medications through a national drug store, and they had recommendations from doctors in Houston where they could get seamless care. Many people did not have that same luxury, and they were not so blessed. And it is important that we address the needs of those citizens.

As chairman of Mayor Nagin's Bring New Orleans Back Commission of the Health Care Committee—and this was formed right after the storm, as you are aware, Senator Landrieu—I have given a great deal of thought to the manner in which we addressed some of the human needs after the storms. Some of them we were able to employ in this particular catastrophe, but many others occurred too late. I would like to talk briefly about some of the areas of success.

First, Louisiana did act quickly to develop a free, secure online service to allow doctors and pharmacists to access information about evacuees' prescriptions. I think this is critical, particularly when you are talking about the elderly, particularly when you are talking about the disabled community. If you cannot get to your medicine, you have a serious problem wherever you land.

Louisiana also worked with national pharmaceutical retailers to get free prescriptions for evacuees who had limited financial means. Louisiana activated a hotline to recruit displaced nurses, physicians, and health care providers. It facilitated access to children's records. It recruited and deployed volunteer medical professionals. And it waived licensing requirements for out-of-State medical professionals to provide emergency services.

Louisiana, most importantly, created the Louisiana Family Recovery Corps shortly after the storms, which is run by Reverend Jetson, and I think that is critical as it relates to addressing the human service needs.

You just heard Mr. Jetson talk about the ways that his agency has excellently served thousands of families who otherwise would have fallen through the cracks. He did a great job of describing the social services impacted. However, what we learned from this experience and what my committee with the Bring New Orleans Back Commission learned is that the best place for evacuee families to be placed is in existing housing within communities and given access to aggressive case management services.

To the extent and only to the extent such housing is not available and families must be placed in trailer villages, these wraparound case management services are critical and should not be an afterthought, as Mr. Jetson just stated. Judge Eckels talked about the special needs of a number of evacuees. This is critical to address those special needs.

Over the past 2 years, as you are aware, Senator, there has been progress toward the creation of an electronic health information exchange. We talked about this on the local level, in New Orleans after the storm, and the LRA has continued to talk about this. This, again, is critical. People have to have the ability to access their medical records. As stated, my parents had their information very organized. But, bluntly, they were probably in the minority. We have to have that ability, particularly for our elderly communities.

What we learned after the storm, bluntly, was that our Nation was ill prepared to handle a health crisis in a catastrophe of this magnitude. I am going to briefly outline some of the specific waivers and law changes that we would alleviate issues that Louisiana still faces in its health care recovery and issues that other States would no doubt have to confront in any type of similar catastrophe.

As many of the panelists stated during the first panel, many of the problems relate to the Stafford Act. No matter how you slice it, the Stafford Act was not created to address a catastrophe of this magnitude. As you are aware, Senator Landrieu, the LRA is asking Congress for an all-out reform of this law. We believe it should be amended to create what is called a "catastrophic annex." This catastrophic annex would trigger certain immediate actions in the aftermath of a catastrophe, and this type of reform would have a profound impact on the health care response in future catastrophes. We believe these minimal actions should be:

One, automatic 100 percent cost share for Medicaid for evacuees displaced because of a catastrophe. Senator Landrieu, that this was critical, and without this waiver, Louisiana Medicaid would have been placed in dire financial circumstances.

Two, the creation of an uncompensated care program with clear eligibility guidelines for providers of health care services to uninsured victims of the catastrophe. You spoke just a minute ago, Senator Landrieu, about a Good Samaritan statute. Judge Eckels referred to that. It is critical that many providers acted as Good Samaritans out of the kindness of their hearts because they wanted to help people, but they did so in the absence of clear guidelines as to whether they would be reimbursed and the manner in which they would be reimbursed. And notwithstanding people's good nature and good heart, people cannot continue to provide services for which they are normally compensated at no compensation whatsoever. So that is critical.

Third—and you have talked about this on numerous occasions, Senator, and I know you are very focused on this—a clear provision allowing for the delivery of mental health treatment services in addition to basic counseling. Mr. Jetson talked about this. I think every panelist on the first panel talked about this. Basic mental health services must be expanded to allow for the diagnosis and treatment of mental disorders that may surface as a result of preexisting medical conditions but, bluntly, from prolonged exposure to the current circumstances. Everyone who evacuated or was impacted by Hurricane Katrina or Hurricane Rita has some form of a mental problem right now, and I do not mean mental problem in a negative fashion. I know I do. It has been very stressful. It has been very difficult over the past 2 years. And I was in a better situation than most. This is clear that those issues have to be addressed.

We recommend that provisions within the Stafford Act allow for the identification of a disaster incident as catastrophic, that it trigger provisions for formal outpatient treatment of conditions clearly related to exposure. In this case, the length of the family services crisis counseling program grant must be extended to a 3-year cycle. In addition to these Stafford Act changes, services for the severely mentally ill could be enhanced statewide if the Centers for Medicare and Medicaid Services grant the State a waiver allowing it to more quickly expand beds for psychiatric services in host communities as well as in disaster areas.

I do not want to exceed my time, Senator, but it is important to talk about briefly flexibility and using the disproportionate share hospital funds, as you refer to it as the "DSH funds," because that places a unique strain on the State's graduate medical education programs. And as outlined in my written testimony, we have talked about the strain on the GME, the graduate medical education programs in the State of Louisiana.

In conclusion, we know—this is not theory; this is not hypothetical. We know that the victims of Hurricanes Katrina and Rita were fortunate to have these host communities who provided physical, emotional, and even spiritual sustenance. However, we need to ensure that when such a catastrophe occurs again—and we know, unfortunately, one will—these host communities have the resources that they need to adequately address the human toll without placing undue strain on their own populations. And we need to ensure that the people most directly impacted by these catas-

trophes are able to access the appropriate human mental and physical health care services. Thank you, Senator.

Senator LANDRIEU. Thank you, Ms. Boyle. That was excellent.

And I understand we have a special guest, Mr. Davis? Your mother is with us, I understand.

Mr. DAVIS. That is correct.

Senator LANDRIEU. Would you recognize her?

Mr. DAVIS. Stand up, Mom. [Laughter.]

Senator LANDRIEU. Welcome. We are glad you are here.

[Applause.]

TESTIMONY OF GREG DAVIS,[1] COMMISSIONER, CAJUNDOME, AND CHAIRMAN, IAAM SHELTER TASK FORCE

Mr. DAVIS. Thanks for the invitation to appear before your Subcommittee, Senator.

In response to Hurricanes Katrina and Rita, many of America's arenas, stadiums, and convention centers were asked to convert their operations to mega-shelters to accommodate thousands of evacuees who were in desperate need of basic living necessities and medical services. Facility managers around the country responded to this call without hesitation, focusing with great passion on the needs of many senior citizens, children, and families who were trying to survive a terrible disaster.

Public assembly facilities were converted to mass care facilities for extended periods. There was no precedence for such operations. This new territory of facility management required the resourcefulness and skill of the professional facility manager and staff to respond adequately to the needs of evacuees. They demonstrated an ability to perform under extreme circumstances.

Before Hurricane Katrina, most shelters consisted of schools, churches, and recreation centers. They were small, accommodating up to a thousand people on average. For the first time in our Nation's history, in response to Hurricanes Katrina and Rita, arenas, convention centers, and stadiums were used to accommodate tens of thousands of evacuees over several weeks. These facilities provided sleeping arrangements, showers, clothing, medical services, social services, postal services, mental health counseling, classrooms, recreation centers, religious services, laundry services, pet and animal control, security, and three meals a day. Some facilities even required isolation rooms to house evacuees with contagious diseases.

The Cajundome, which was used as a mega-shelter in Lafayette, Louisiana, accommodated 18,500 evacuees over 58 days. It provided 409,000 meals to evacuees and first responders. Houston's Reliant Park sheltered 27,100 evacuees over 37 days. They processed another 65,000 evacuees located throughout Houston as a processing center for the State.

Shelters in Dallas, including the Dallas Convention Center and the Reunion Arena, provided shelter for 25,000, processed another 27,000 for American Red Cross benefits over 39 days and served 114,000-plus meals.

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[1] The prepared statement of Mr. Davis appears in the Appendix on page 100.

The first difficulty that confronted the facility manager was the fear that was generated in communities from the depiction of evacuees as looters, rapists, and thugs. Television news created a false image of the evacuee. They were not looters, they were not rapists, and they were not thugs. They were senior citizens, children, mothers, and families desperately trying to survive a devastating disaster.

When evacuees arrived by the busloads for the help that was available at public assembly facilities, they found professionals who were ready to deliver compassionate care in spite of the televised sensationalism at the Superdome and the Morial Convention Center.

Hurricane Katrina exposed several weaknesses in our Nation's ability to respond to major disasters involving the displacement of hundreds of thousands of people in a major metropolitan area enduring almost total devastation. One of those weaknesses involved the sheltering of evacuees before, during, and after Hurricane Katrina. For the first time in our Nation's history, the term "mega-shelter" was used to describe public assembly facilities. The Hurricane Katrina disaster exposed a vital need for nationally recognized mega-shelter standards.

Managers who operate public assembly facilities relied on their association, the International Association of Assembly Managers, to respond to the need for best practice guidelines for mega-shelter operations. Soon after the storms of 2005, the IAAM reached out to facility managers affected by Hurricanes Katrina and Rita. IAAM quickly discovered the need for an industry task force to establish nationally recognized guidelines for public assembly facilities that are converted to mega-shelters. The IAAM also reached out to its industry partners, the Department of Homeland Security, and the American Red Cross and the faith-based community.

In the summer of 2006, it released comprehensive best practice guidelines for mega-shelter operations. This booklet was shipped to arenas, convention centers, and stadiums on the Gulf Coast and the Atlantic Seaboard. If called into service, facility managers will now have critical sheltering guidelines that will help them face the extreme challenges of sheltering thousands of evacuees from a major disaster.

In October of this year, we saw thousands of people in San Diego fleeing their homes to the safety of Qualcomm Stadium. This facility converted to mega-shelter operations quickly and effectively. The lessons learned from the 2005 storms are helping responders do better in servicing disaster victims.

To convert to mega-shelter operations, public assembly facilities must stop their normal business operations and in many cases cancel events. Most do not have a tax base to sustain operations and are unable to generate revenues to make payroll and to pay the expenses of operating the shelter.

In secondary and tertiary markets, this is especially problematic due to the inability of local government to fund a mega-shelter operation. Cleaning and custodial costs, for example, can cost several thousand dollars per day when hospital sanitation standards are required to prevent the spread of infectious diseases. In many

cases, cash reserves are not sufficient to sustain the shelter operation over the long term.

Through its partnerships with the Department of Homeland Security and the American Red Cross, the IAAM hopes we can agree on nationally recognized reimbursement guidelines that will require FEMA to pay usage fees and to reimburse the hard cost of sheltering operations and recovery.

Most public assembly facilities self-generate their operating revenues. Most do not have a tax base to sustain their operations once normal operations are stopped and events are canceled. Federal Disaster Assistance Guidelines must include the payment of usage fees, sheltering costs, and recovery costs.

Public assembly facilities are now integral to disaster response. These valuable public assets are now available for the public good as they have never been before. The IAAM and the public assembly industry it serves stand ready to assist citizens across America when disasters require them to take shelter in arenas, stadiums, or convention centers. Thank you.

Senator LANDRIEU. Thank you very much, and I know our time is pressing, but I do have a couple of questions. And if you do not mind, Mr. Davis, I would like to start with you because I am very interested—I had read in your testimony and reviewed this mega-shelter best practices national task force. Who initiated the creation of that task force? And can you just say a few more things about how it was formed, how often you all met, and what the hopes are for an outcome? I think you have described that in what you just said, but how was this task force established, and by whom?

Mr. DAVIS. It was established by the International Association of Assembly Managers, which is the association that facility managers like myself belong to. I was the chairman of that task force, and it included people from the Reliant Arena, from the Dallas Convention Center, major facilities around the country that became a mega-shelter. And we worked very closely with the American Red Cross and the Department of Homeland Security, met several times in Washington, DC, and other parts of the country, and eventually within a 7-month period came out with the first draft of the mega-shelter best practice guidelines in anticipation of the hurricane season that was coming upon us in 2006.

Senator LANDRIEU. All right. I am going to include your report in my information, and I have just instructed the staff to do so.

Have you all briefed the National Governors Association on your findings or had any relationship with the National Governors or the U.S. Conference of Mayors formally?

Mr. DAVIS. Not to my knowledge, Senator.

Senator LANDRIEU. Because I think that would be a very good action for you all to take, and I would like to help you expedite that. We can just do that informally, find out some kind of way, because I do think that if we have—and we will; it is just a matter of when—another massive evacuation, the shelter component of this is a very important component. But it is not the only component, as people will say. Many people went to shelters, but not everybody went to shelters. We have got to come up with a plan that can reach everyone, whether they are housed in private homes, wheth-

er they are in shelters, or whether they find shelter somewhere else in some sort of group home facility or hotel, etc.

But since your group came together so well with this shelter piece, I think the lessons learned would be very helpful to communicate to those particular organizations.

Mr. Jetson, you have talked to me many times about this, and I am well aware of the excellent work that you all have done through the Family Corps, but again remind me: How was that created? Was it created on executive order by our governor? Is it modeled after anything or was it created by us in response to this storm?

Mr. JETSON. It was created by folks within the State of Louisiana in the aftermath of the storm, and it was created within the context of input from those who were actually involved in international disasters. It is in partnership with the International Rescue Committee. Many of the components of the Family Recovery Corps and its initial approaches to serving people and families were in many ways the result of partnerships and consultations with the International Rescue Committee and others who were involved in large-scale international incidents because the domestic response mechanism had certainly not been faced with anything of this magnitude. The Recovery Corps was created as Section 501(c)(3). It is a private, not-for-profit.

I would share with you additionally that the Recovery Corps has been embraced by the Louisiana Legislature with the passage of an act which recognized the capacity of the Recovery Corps to partner with the State in its response to future disasters, and so it has been in some way codified in statute or memorialized in statute as a valuable resource for the State.

I will share with you just very quickly, on a comment that you made about the need to communicate with people both in shelters and out of shelters, that the need for a centralized area, a central area to call for information that is consistent across sectors, regardless of where you are, is critical to doing that. That is one of the experiences that we have found from NOLA Bound for individuals who are out of State. One of the things that we hear consistently is, "Thank you for giving us a way to call and find out what is really happening and what is really important." And so an entity that has a centralized call center that is staffed not simply by typical call center staff but trained social service professionals is critical in being able—and having that information shared broadly with people who are impacted by disaster allows you to have that funnel into all of the services that are available to them.

Senator LANDRIEU. I am somewhat familiar on this 211 system that the country is trying to establish, 911 being for immediate emergencies. We all know what that is, but can someone discuss the detils of 211?

Mr. JETSON. I will be very brief.

Senator LANDRIEU. OK, go ahead.

Mr. JETSON. I actually met today, Senator, with the executives of the United Ways from across the State to discuss 211, which is an information and referral system for social services for people, and it is a centralized entry point into not only those services that are provided by government agencies, but for local nonprofits and

other faith-based organizations who provide services in communities.

The Department of Social Services in this State under its current leadership has invested in the 211 system, and certainly likewise has the United Ways across the State. But I think that the potential is there for a statewide system that would provide access to information for people not only during times of disaster but year-round.

Judge ECKELS. Senator, we made extensive use of 211 during Hurricane Katrina, and it is today our registration system, our primary registration system for special-needs people who want services to be evacuated. The challenge is getting them to keep their information current. They register today. Next year at hurricane season, they have to call in again. But it is a valuable resource.

Senator LANDRIEU. I am not sure I know the origins of 211. I actually have a piece of legislation trying to help them now. But it seems to me that might be a model that you could have established 211 just to operate regularly. People always need more coordination at a center point. But when there is a mega-disaster, have 211 step up to be able to fill that role of a coordinating entity. That is is something we should probably pursue.

Mr. JETSON. I would just suggest to you, Senator, that to view them as a coordinating agency is a risky proposition.

Senator LANDRIEU. Not coordinating. A clearinghouse?

Mr. JETSON. Yes, sharing of information and pointing people——

Senator LANDRIEU. A clearinghouse of shared information.

Mr. JETSON. And I think that as you would in the advent of a disaster utilize them as an access point for certain things, should that be the decision, I think as it relates to the needs of people in families, that information has to be fed to someone who would assume responsibility for coordinating a response to the needs that are identified. And I certainly, with no disrespect to 211, would suggest to you that they are not the appropriate entities to do that. And I certainly don't want to sound self-serving. And so if it is in Louisiana not the Louisiana Family Recovery Corps, then it would need to be someone else.

Senator LANDRIEU. Well, let me drill down here, then, because this is a very important component. Try to explain in your view what is the role of a model like Louisiana Recovery Corps—which I think I understand—and how it would work with a model like 211, if that were put together.

Mr. JETSON. We have, first of all, recognized the value of 211 in that we have invested resources in it for the last 2 years to increase their capacity and increase their staff.

In a statewide model that our 211 system is still evolving to, in a statewide model where people can simply press 211 and have access to information about social services in the time of a disaster, they can access—people can call, whether they are in shelters, whether they are wherever, and where there are needs, Senator, information can be gleaned and then shared with the appropriate entities—the data or contact information. They certainly can be an access point for information and information gathering. But there has to be a partnership with somebody who accepts responsibility for the response to those needs. And as they relate to the needs of

people and the recovery of human beings, I am going to suggest in Louisiana, self-serving though it may be, that the Louisiana Family Recovery Corps is the appropriate entity to do that.

Judge ECKELS. Senator Landrieu.

Senator LANDRIEU. Go ahead, Judge, and then I have a question for Mr. Hebert.

Judge ECKELS. To follow up on that 211 question, too, if you will look at 211 as inherently a local operation—and it needs to be—one of the things the Federal Government could do is help with the technology to share information. So when somebody in Houston calls 211 and asks about programs in Louisiana, they can get an answer.

Then the other comment I would make on the mass shelters that 211 could help with is a national registration database through the technology so that we would know where people were. If you can imagine you and I and Raymond in the Superdome on a Saints game and say we could find each other, that is what the Astrodome was like. And you do not find each other. Even people in the same facility, much less when they are loaded on buses and do not know where they are going and Mom is in Houston and Dad is in Dallas and the kids are in Baton Rouge, it takes a long time to match those families up, and a common national registry would be a big help. That is a system that could do it. And if you are looking for a role for the Federal Government in 211, it is supplying the technology and the base to link those systems so that the local social service needs that we—in Houston, what we do—we do not know what is going on with Louisiana Recovery—we may today, but that is not what we do in 211. We deal with our local and State programs.

Senator LANDRIEU. Well, I am pleased to say that with my support and others, the Center for Missing and Exploited Children was able to receive some emergency money to set up and they are in the process of setting up sort of a national family reunification model. That may or may not be the model that we use for the future, but at least I know that there is at least one developing. But within shelters, there need to be communications of coordinating where people are.

Sheriff, you said that the Federal Government was resistant and nonresponsive allowing criminal backgrounds to be shared with law enforcement. Is that still the case, or was that ever corrected?

Mr. HEBERT. Senator, I must tell you, perhaps out of my most recent ignorance, I am not quite sure if it has changed. I do know that there were several court challenges here in Louisiana specifically aimed at FEMA.

I would like to show the distinction this way. When evacuees came to our shelters, as they were describing on the mass level, they came in. To the best of your ability, you identified them based on what they would tell you, and in many cases there were no supporting documents. It is when they went out into the local communities, as they were to be placed from an interim standpoint by FEMA and other Federal agencies, is where we lost contact and control of what was happening in our own environment. Particularly, as I described, into your first year, when you have these new residents, the face of crime changes. The face of the actual dynam-

ics of your community interactively, violence on the street, murders, armed robberies, things like that, takes on an entirely new face.

So we were stressed to try to figure out exactly who we were dealing with, and as time went on, through crime and statistics, we were able to identify and earmark to some degree the long-term residents in the area and then start to be able to do intelligence gathering, things like that.

We even resorted to—from a social standpoint, I sent out officers, community resource officers, to knock on doors in areas that we knew FEMA had contracted housing, what we considered to be longer term, and do visits, site visits. And hopefully they would tell you the truth as to who they were, and then you—there is that element of privacy, we certainly do understand. But we struggled with trying to thread that needle between a local, State, and then ultimately through the Federal agencies that had known identities to their ability of the residents they were housing.

Senator LANDRIEU. OK. I think I have covered all my questions. Is there anything that anybody else feels compelled to add to the record? All of your testimony has been submitted in writing, and that will be part of the record. We filmed the whole hearing today. That will be part of the record.

This is the seventh in a series of probably 15 hearings that I am conducting in the Nation's capital and around the country on this subject, and we will be introducing a major piece of legislation based on this work, probably in the middle of the spring. So please know that your information is going to be very helpful to the crafting of that piece of legislation, and there are many Members of Congress extremely interested in this subject, as you can imagine, for many reasons. And I think several Presidential candidates, if not all of them, are going to be interested in the recommendations that come from this Subcommittee.

So thank you very much. The meeting is adjourned.

[Whereupon, at 4:10 p.m., the Subcommittee was adjourned.]

APPENDIX

Melvin L. "Kip" Holden
Mayor-President
East Baton Rouge Parish
Testimony before the Ad Hoc Subcommittee on Disaster Recovery
December 3, 2007

Good afternoon. I'm Kip Holden, Mayor-President of East Baton Rouge Parish, and I would like to welcome the Ad Hoc Subcommittee on Disaster Recovery to Baton Rouge for his hearing. I would especially like to take this opportunity to thank my good friend Senator Mary Landrieu for convening this field hearing to listen to the unique perspectives of cities that hosted those whose lives were devastated by Hurricanes Katrina and Rita.

While the impact on our communities was not the devastation our neighbors to the south suffered, our own resources were nevertheless strained and our lives impacted in ways that had never been experienced before in history. On behalf of the citizens of East Baton Rouge Parish, I'd like to thank you for hearing from us and for sharing this information with the Senate Committee on Homeland Security and Governmental Affairs. It is our hope that our government will take measures to assure us all that we never again experience the response we saw from the federal government in the aftermath of the hurricanes that hit south Louisiana in 2005.

If you will permit me to take you back for a minute to that time, I will attempt to relate to you the impact of these storm events on East Baton Rouge Parish.

Following Hurricanes Katrina and Rita, an estimated 250,000 people sought shelter in our city of Baton Rouge. The results were a tremendous strain on housing, traffic, schools, hospitals and service providers.

From the standpoint of our administration, we balanced the needs of a vibrant capital city with aggressive plans for development and revitalization of our downtown and riverfront, with the need to be compassionate neighbors to a quarter million traumatized and displaced citizens.

To fully understand the impact of this population influx on our city, consider these numbers:

>The Volunteers of American served 1,153 in July of 2005; and 3,750 in November.

>The Society of St. Vincent de Paul saw the number of meals they serve grow from 13,500 per month to 45,000 in September. By January of 2006, that number had stabilized around 18,000.

>The need for services such as a "safe house" increased because of incoming mental health patients among the displaced – people who were no longer taking their prescription medicines, those with alcohol or substance abuse problems, individuals suffering from emotional stress from the loss of lives and property and separation from family members.

>Our homeless population increased from around 1800 to nearly 8,000 in one month, with a significant number of those school children.

Providing Affordable Housing

One option we have pursued in Baton Rouge to put more affordable housing stock into the market has been to work with non-profit developers and the faith-based community to provide grants and low interest housing loans.

HUD has become a major partner in our effort to address our housing needs, and I have worked with Secretary Alphonso Jackson to bring HUD representatives in for workshops with local groups.

Our non-profit organizations have expanded their services, and new non-profits have opened since the hurricanes.

The biggest hindrance has been the up-front costs of bringing housing up to specifications, which is a large expense before a funding stream is realized.

To address our housing needs, we did the following:

>Brought HUD officials together with private developers, the faith community and non-profits to expedite affordable housing development.

>Worked with Habitat for Humanity to build a record number of new homes.

>Utilized housing tax credits through the Louisiana Housing Finance Authority

>Explored the pre-fab housing market to provide options

Our experience was that the CDBG grants are the most efficient manner of providing assistance to cities dealing with the aftermath of a major disaster. Our parish has a consolidated plan in place for using these funds; however, federal dollars could be more effective if provided with greater flexibility on how those are spent.

FEMA spends hundreds of millions of dollars to address housing problems with temporary solutions such as travel trailers; yet they are hesitant to spend money repairing or rehabbing apartments or housing to bring them back online and provide more permanent solutions.

Hurricanes Katrina and Rita forced us to take a look at updating some of the federal guidelines that no longer serve us well in catastrophic events. I spoke at a conference of the American Bar Association last year and we discussed that the HUD definition of homeless does not cover those living in FEMA trailers or FEMA-provided hotel rooms. Many of these people were either homeless or near homeless before the storm, and if they are included, their numbers provide a more realistic picture of our homeless population. If we could get these people included in the guidelines, they may be eligible for HUD funded housing and services to assist them in getting back on their feet.

I'm sure it will come as no surprise to you that those of us who were on the frontline in the disaster response following Hurricane Katrina believe the Stafford Act should be updated in light of the government response.

As President Bush acknowledged from his speech in Jackson Square, "the system....at every level of government....was not well coordinated....and was overwhelmed in the first few days."

A true national preparedness system should ensure that all levels of government effectively work together to keep the American people safe and secure at home. As the world saw on television, that wasn't the case in Louisiana.

Some have suggested that we need a national framework for disaster response, and a requirement that local and state governments develop emergency plans within the framework. Others have suggested we need a separate plan that applies to major natural disasters of the size the Gulf Coast experienced.

My experience is that the Stafford Act is too restrictive in limiting funding to areas that have suffered physical damage. Our city was significantly affected by a tremendous population shift, with our service providers strained to serve human needs. Yet we are faced with fighting for funds because we have for the most part recovered from the physical damage but still face serious problems caused by the aftermath.

Before Katrina and Rita, providing adequate housing for our community was a challenge. After the hurricanes, it became an urgent need.

Transportation & Transit

In the aftermath of Hurricanes Katrina and Rita, the Baton Rouge area experienced traffic growth we had not projected for 25 years. For a capital city that was already experiencing severe traffic congestion, the influx of a displaced population resulted in traffic counts that showed a 35- to 40-percent increase in traffic, with frequent gridlock on our surface streets.

With our interstate system serving as a major evacuation route, traffic around Baton Rouge quite literally ground to a halt.

Despite the increased population, these traffic problems actually resulted in a negative impact on many small businesses, with the traffic leading to interruption of supplies, loss of sales and loss of customers from the most seriously impacted areas.

We have not waited for the federal government to help solve this problem. Only two months after Hurricane Katrina, the voters of East Baton Rouge Parish passed our first bond election in 40 years to fund a "Green Light Program" of street improvements that address short and long term traffic solutions.

In May of this year, we kicked off a regional effort to build the Baton Rouge Loop, a traffic loop supported by the parish leadership of five surrounding parishes that is being designed to relieve traffic congestion. Through new financing options and legislation that will allow public-private partnerships and tolls for financing alternatives, we are taking an exciting new regional approach to transportation planning.

Providing Medical Response

While the volunteer medical response to victims of Hurricane Katrina was unprecedented in Red Cross history, it was severely hindered by inadequate communications, limited resources and red tape. Medical volunteers from all over the world began arriving in Baton Rouge because of an inability to get through to anyone to determine our needs and a lack of a system for deploying medical volunteers and much needed supplies.

Pre-positioned federal assets critical to the operations of our area hospitals were never received. Resources from the Strategic National Stockpile, despite our requests, were never locally deployed and were derailed due to paperwork issues.

Area hospitals were faced with serious reimbursement needs for depleted resources. Many of the patients treated at our area hospitals were uninsured and underinsured, so the impact on our hospitals was tremendous.

Conclusion

Our recommendations for improving the level of emergency response following a major catastrophic event:

>Address the shortcomings of the Stafford Act to provide greater flexibility in providing support to host cities that are impacted by the influx of evacuees from a major disaster.

>Provide a single point of entry for those who are homeless to streamline access to food, shelter, job services and access to health care; and safe havens for those who are in need of substance abuse treatment or mental health services.

> Help us build healthy communities where public transportation meets the needs of the community; smart growth strategies are utilized to provide mixed income housing options with healthcare and recreational opportunities located nearby; and where we encourage public-private partnerships to rehabilitate old properties to bring them back online.

To all those who found shelter in Baton Rouge, our message was simple: Our hearts went out to them; our homes opened to them; our businesses served them; our city cared for them.

This is the legacy of the people of Baton Rouge.

But our city was impacted, also. Our resources were depleted; our hospitals and schools overwhelmed; our businesses impacted.

As you analyze the role and needs of host communities in the wake of major disasters and catastrophes, I urge you to consider the different toll we face and respectfully ask that you find ways to improve the emergency response our citizens profoundly deserve.

OPEN ARMS: ANALYZING THE ROLE AND NEEDS OF HOST COMMUNITIES IN THE WAKE OF MAJOR DISASTERS AND CATASTROPHIES

Testimony of Mayor Randy Roach
Lake Charles, Louisiana
December 3, 2007

Hurricane evacuations are nothing new to Southwest Louisiana. We have been in the sheltering business since 1957 when Hurricane Audrey struck Cameron Parish, our neighbor to the south, and killed over 500 people. The residents of Cameron who lived through that tragedy rarely have to be told to evacuate. They know what to do.

Even when tropical storms threaten our area we have been known to open shelters. The American Red Cross has been our ally in this endeavor. Without their help and assistance we would not be able to do what we do for the people who need help.

Shelters are very public operations. Most of the people who use shelters are those who cannot afford a place to stay or who cannot find a place to stay. They include the very young to the very old, those who are able bodied and those who are not. They need food, water, medical care and other essential items.

Our evacuation experience in connection with Hurricane Katrina began like most other events. We had sheltered around 900 people from New Orleans at our Civic Center two years before in response to Hurricane Ivan. That operation went very well and we were glad to be able to help once more.

Normally, a sheltering operation lasts for three days. Although we do our best to provide a comfortable shelter, there is very little privacy. People sleep on the bedding they bring or whatever we can provide in an open area. There are no private rooms. Most families stay together in a designated spot. And most people are more than ready to leave once the all clear is given.

Although our Hurricane Katrina sheltering operation began normally, it changed dramatically on day two when we realized what had happened to the City of New Orleans. Our Civic Center operation quickly grew from 900 people to over 2000. It eventually exceeded 3000. Before it was all over, our newspaper described the community response to the effort as one of our finest hours.

The following excerpts from The Rita Report, commissioned by the Louisiana Recovery Authority and researched by Dr. Michael Kurth and Dr. Daryl Burckel, followed by additional information concerning evacuees in Southwest Louisiana, describes what happened as we faced what at that time was the most powerful hurricane of the 2005 season.

As state and federal officials struggled to cope with the unfolding disaster in New Orleans, the people of Southwest Louisiana embraced the Katrina victims, donating food and supplies, offering them jobs, and enrolling their children in local schools. Thus, as Hurricane Rita approached, the resources of Southwest Louisiana were already stretched thin, especially among the volunteer, non-profit and faith-based organizations that were engaged in helping the victims of Katrina. Thousands of Katrina evacuees had to be loaded on buses and re-evacuated to safety further north in order to comply with a mandatory evacuation of Southwest Louisiana as relief agencies turned around and prepared to deal with victims of a new disaster. Despite these challenges, state and local leaders worked with relief agencies and non-profit organizations to stage a successful evacuation of the Southwest region.

The Lake Charles Civic Center is located on the lake in downtown Lake Charles. It contains a 2,000 seat theater, a 7,500 seat coliseum, and an exhibition hall. After Hurricane Katrina it sheltered over 2,000 evacuees from the New Orleans area, but they had to re-evacuate as Hurricane Rita approached. The civic center sustained approximately $4 million in damage to its roof and upper floors from Rita, yet despite the damage it remained open to anyone in need after the storm. The facility also had numerous events cancelled during the Katrina/Rita time period resulting in significant loss of income.

Evacuee immediate needs included: shelter (which was established at the Civic Center and Burton Coliseum by the American Red Cross); food; beds; clothing; bathrooms/facilities for personal hygiene; laundry facilities; and accommodations for pets.

When it was apparent that evacuees would stay longer than a few days the following issues had to be addressed:

- Security
- Entertainment – (books, radios, portable TV's, puzzles, games, etc.)
- Medicine (needed to fill prescriptions and sometimes get new prescriptions and doctors and/or drug stores could not be contacted)
- Medical and counseling services
- Ways to contact families
- Money (Many evacuees could not access their bank accounts or did not have them. Credit cards were not always reliable because of bank closures in the New Orleans area)
- Transportation for a variety of services
- Legal assistance
- Access to government agencies (FEMA, Social Security, Welfare/food stamps, unemployment) and insurance agencies in order to apply for assistance and make claims.
- Babies would not wait to be born and nursery's had to be devised to care for these new arrivals separate and apart from the other evacuees.
- Many evacuees did not have identification or birth/marriage documents to apply for assistance so assistance in getting these documents was needed.

- Schools for students (books, supplies, uniforms or clothing)
- Jobs
- Even mail delivery.

Relief from community:

- Overwhelming amounts of clothing, food, toys and games, etc. were donated by the community. There were so many donations that a system for accepting and distributing the donations had to be developed.
- A local relief agency arranged to donate 1,000 mattresses
- Agencies, businesses, health care providers and counselors set up locations at the shelter to provide assistance.
- The City set up computer terminals so evacuees could apply for assistance, contact relatives, etc.
- Local industries and businesses provided volunteers to help with food preparation and service. Volunteers also helped with babysitting, general housekeeping, provided entertainment, etc.
- Churches provided transportation to services and non-denominational services were held at the shelter.
- The Chamber SWLA, SWLA Partnership for Economic Development, and State Department of Economic Development provided assistance to dislocated businesses by providing facilities, equipment, etc.
- Local officials – congressmen, senators, legislators – provided assistance in applying for FEMA assistance.
- Families volunteered to take care of persons with special circumstances in their own homes.
- A task force made up of local officials, non-profit agencies, businesses and industries was formed to coordinate efforts and meet needs of the evacuees.
    - A website "SWLA Cares" was developed to provide resources and contact info for evacuees and residents providing assistance.
    - United Way/American Press newspaper established community fund with donations received.

Our sheltering operation continued after Hurricane Rita. In fact it continued into December of 2005. We were one of the last cities in the state to close a sheltering operation

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Biggest Challenges Experienced:

It was all a big challenge. It was also a very gratifying experience for everyone involved.

Impact of Evacuee Migration on Social Services

When you care for people you take on an awesome responsibility. It is like having people come to stay at your house. Only you don't get a chance to make up an invitation list and you have no idea how long they will stay or what they will need once they get here.

The capacity of our local service organizations was stretched to the limit. The 211 volunteer agency number could not handle the influx of calls. Without a central point of contact, it was very difficult to match individual needs with a service provider. There was some duplication of services and gaps in the distribution of services. Many agencies were receiving goods, and we had to establish a central distribution warehouse to meet the needs of the population.

What worked well in Social Services:

In response to Hurricane Katrina we developed a community action network and website for support services. We developed a local Ministerial Alliance to coordinate faith based services; we developed a Calcasieu Long-term Recovery Group made up of area social service agencies utilizing the local United Way network of social service organizations.

Impact of Evacuee Migration on Health Care Facilities and the Health Care System
Special Needs was an issue. Special Needs shelters were established on a limited basis.

We struggled to establish an informal but somewhat centralized system to utilize the resources of medical personnel that came in to assist and prop-up the local health care delivery system during the post-hurricane period (volunteer doctors, Lake Charles Medical Society, Special Needs shelters, rural/temporary clinics, etc.).

Impact of Evacuee Migration on Local Government Utilization of Federal Programs
We now know that there are various federal resources available before, during and after catastrophic events. Unfortunately, at the time of hurricanes Katrina and Rita we were not fully aware of those resources. One suggestion would be to direct the regional offices for federal agencies that serve communities in Hurricane prone areas to initiate requests for assistance. It would work better if the locals did not have to ask for help.

Impact of Evacuee Migration on Local Government Budgets

For Hurricane Katrina – Sheltering Expense:

The City of Lake Charles requested and received re-imbursement of $444,393.00 for actual expenses incurred for security, labor costs, materials and supplies and equipment rental.

For Hurricane Rita – the City of Lake Charles spent $125,000 for actual sheltering expenses incurred but has yet to be reimbursed.

For both events, the City requested payment for the use of our Civic Center - for a lease or for a loss of revenue due to cancellation of events – we requested from FEMA lease

reimbursement of the Civic Center for days evacuees used the rooms. That was denied and we have appealed.

The City was also denied reimbursement from FEMA for damage to the facility caused by a large influx of people. One reason for the denial was there was no opportunity to document the damage because after Hurricane Rita it was difficult to assess what was caused by the hurricane and the evacuees. Although we still disagree with that assessment it appears there is nothing we can do.

There should be a policy in place that allows for reimbursements to the facilities for the use of their shelters, loss of their revenues and expenses incurred.

That being said, if we had to do it all over again we would. Our only request is that we – local, state and federal agencies - resolve that next time we will be better prepared to provided the services needed to help those who need it most.

CITY OF LAKE CHARLES

RANDY ROACH
MAYOR

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OFFICE OF THE MAYOR

December 4, 2007

Mr. Donny R. Williams
Staff Director
Subcommittee on Disaster Recovery
Senate Committee on Homeland Security and Governmental Affairs
Hart Building, Suite 702
Washington, DC 20510

RE: Supplement to Testimony of Randy Roach to Subcommittee on Disaster Recovery
December 3, 2007

Dear Mr. Williams:

I very much appreciate the opportunity to testify on behalf of the citizens of Lake Charles, Louisiana at the Ad Hoc Subcommittee on Disaster Recovery field hearing regarding the challenges we faced as a host city for the evacuees of Hurricane Katrina.

In light of the questions asked at the hearing, I would like to take advantage of the Senate rules and supplement my testimony regarding long term solutions for the challenges faced by host communities that sheltered evacuees from Hurricane Katrina.

I recommend that the Stafford Act be amended to create a Host Community Response and Recovery Fund (CRRF) that would be administered in a manner similar to the other grant programs now set forth in the Act. The Fund would be structured in such a manner as to provide a defined, scalable source of funding for host communities that eliminates the current process of piecemeal funding based on the specifics of an event.

The purpose of the new program is to address items not funded by the current Public Assistance Program. It should also cover the gap in funding that occurs when FEMA terminates reimbursement for emergency protective measures under the Public Assistance Grant Program and the community continues to incur extraordinary costs for items such as increased police protection and other services necessary to support an extended sheltering operation.

In addition the program would address the consequences of stress on the community's infrastructure due to a large influx of evacuees who become long-term or permanent residents of the community.

The program would be designed to directly fund identified categories of benefits for such items as the cost of providing increased security at a FEMA trailer park; or additional resources for traffic control; or increased enrollment in local schools, while providing reimbursement for other categories of benefits, such as medical expenses incurred by local hospitals for care provided to uninsured non-residents.

The trigger for eligibility for benefits under the new program would be a Presidentially declared disaster affecting a broad regional area coupled with a mandatory evacuation order for the affected communities resulting in an extended period of relocation for residents living in the affected areas. Individual host cities would be allowed to seek funds based on a graduated threshold ratio of the number of non-local shelterees compared to the pre-event population of the city.

Thank you for your continued efforts to address the needs of host communities. If you have any questions about this suggestion please contact me.

Sincerely yours,

RANDY ROACH
Mayor
City of Lake Charles

RR/dl

TESTIMONY FOR THE UNITED STATES SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS, Ad Hoc Subcommittee on Disaster Recovery

Presented by the Honorable Mayson H. Foster, Mayor, City of Hammond, Louisiana
December 3, 2007

To the Committee:

When a disaster hits any area of our country, the affects are long-lived. They are long-lived not just from the area that has been immediately impacted, but for many other areas that feel the residual changes that occur. I thank you for the opportunity in allowing me to be here today to testify as to the affects of a disaster on our region, Hurricane Katrina, but this could just as easily have been any part of our country.

Much has been written as to how the City of New Orleans and other areas on the Gulf Coast and their immediate surrounding areas were devastated. The description of that devastation is beyond words and its full impact acknowledged only after personal visitation. I am sure that each of the panelists here today agree with the assessment that it was a horrible occurrence that we hope and pray does not happen again anywhere.

I am making this presentation on behalf of all small municipalities in Louisiana and elsewhere, particularly those with populations between 10,000 and 25,000. This group of cities is too large to be considered for funding as a "small city" but too small to be an entitlement city. While I represent the City of Hammond, Louisiana, there are hundreds if not thousands of municipalities that have experienced some of our trials and tribulations after any incident. I also represent the Northshore of Lake Pontchartrain, which includes several small cities and several parishes that has suddenly experienced a great number of Southshore residents that have found it necessary to move.

Our city, the City of Hammond, is located some twenty-five miles directly north of New Orleans and is the first city above Lake Pontchartrain that has a measurable altitude above sea level, ours being 42 feet at the Hammond Northshore Regional Airport. Because of its geographic location, we found ourselves as the central focal point for many different activities immediately

after Hurricane Katrina. Our interstate highways, both Interstate 12 and Interstate 55, carried huge amounts of traffic entering the disaster area. The Hammond Northshore Regional Airport was tagged as one of the primary locations for disaster aircraft from helicopters to C-130 troop carriers and during the month of September, 2005, the airport recorded **15,000** take-offs and landings. We offloaded as many as 6,000 soldiers that were assigned to the disaster area. We acted as host city to National Guard troops that came from as far away as Pennsylvania.

Our city immediately responded to the needs of people either in shelters or assisting in the recovery efforts. Our shelters opened up to house thousands. One church, Mt. Vernon Missionary Baptist Church, remained as a shelter for forty-five days after the storm. One church, Woodland Park Baptist Church, provided over 10,000 meals per day—hot meals—to anyone seeking food. Another church, Crossgates Church in Robert, Louisiana, stopped construction on its new church and turned the shell of the sanctuary into a distribution center for food, water, and durable goods. The list goes on and one, but these are but a few examples of the generosity of the people of the Northshore.

We have been attempting to get people to come to Hammond and experience the good life here; we certainly did not expect to get such notice literally overnight.

In this hearing, we have been asked to focus on the challenges presented from this mass exodus to our area. While the challenges are many, the three that we have determined to be the most pressing are evident. They are:

Public Transportation needs

Housing needs

Coordination of Federal Benefits through FEMA and/or other agencies

Transportation.

Anyone that came to the Northshore area after Katrina, and for that matter anyone travelling the roads now, are familiar with what happened in terms of traffic congestion. Immediately after the storm, what is normally a

twenty-minute trip from Hammond to Covington along Interstate 12, a twenty-two mile distance, became a one hour ordeal. To get to Slidell 33 miles away was at least two hours; to Baton Rouge, 45 miles from the center of Hammond, must be allotted two hours. Today, the congestion has waned somewhat, but one must still plan for at least a half hour more than normal. Interstate 12, the Lake Pontchartrain Causey, Highway 190 in St. Tammany, and many other local roads are all grossly under constructed because of the added burden. There is very little movement to correct this inadequacy because the majority of funding for recovery is directed to the disaster area rather than to those areas which may be peripherally affected.

Many of the evacuees that moved to the Northshore came literally with the shirts on their backs and nothing more. A number of trailer housing developments popped up immediately to meet the demands of housing which will be discussed in the next section. A majority of these evacuees lost any mode of transportation which they may have owned and were moved from temporary shelters immediately after the storm to these "temporary units." Unlike the larger cities that are testifying here today, the Northshore has no public transportation. The evacuees found themselves stranded in the trailer park because they had no way to go to the store, to go back home to check on what was left of their lives, to go to the doctor, or to visit other areas.

The Tangipahoa Voluntary Council on Aging (TVCOA) has been designated in our Parish as the coordinating body for transportation, and they have done a miraculous job with the small resources they have on hand. Through grants that fund programs for the elderly, the TVCOA is able to provide services for this group; however in order to meet the 50% match requirements for federal dollars for transportation through the Louisiana Department of Transportation and Development, the TVCOA must charge a fee for all other riders. While the fee is nominal at $7 per one-way trip, a $14 fare disqualifies most of our evacuees from using this service.

The City of Hammond has recognized the need for transportation services and has entered into a Cooperative Endeavor Agreement with the TVCOA to provide two busses for standard routes. The City has budgeted $36,000 for our commitment to transportation needs. While this is not a significant sum to the larger cities, it is a huge investment to us. In summary, a person's quality of life is based on his ability to be mobile, and without transportation, there is no mobility.

Policy Recommendations:

(1) Upon declaration of disaster by the President of the United States, attention should be given to the peripheral areas of the disaster for immediate funding of infrastructure improvements.

(2) Upon declaration of disaster by the President of the United States, the President or the President's designee shall be given the authority to waive Regulations established by the National Highway Safety Board or other agencies to allow for expeditious construction of infrastructure.

(3) Upon declaration of disaster by the President of the United States, the U. S. Department of Transportation or other agency shall immediately provide transportation services to those areas directly affected and such other areas as are declared "emergency host areas" by the Governor of the state in which the disaster occurs, such services to include at a minimum bus transportation systems to areas established under disaster recovery declarations. Where necessary, funding should be provided to waive the 50% match for local agencies.

Housing.

The City of Hammond has determined that in order to continue to attract business and industry to our city and to our parish, housing, particularly workforce housing, is an absolute necessity. Our city has moved forward with the completion of a Workforce Housing study which can be found in its totality at our website www.hammond.org. Our City is focusing on home ownership for hard working individuals, not just affordable housing owned by others. Home ownership gives a sense of belonging and has long-term, lasting effects on individuals and the community as a whole. The conclusions of this study are indicated below.

> Through its research into the subject of workforce housing for the Hammond area in Tangipahoa Parish, the City of Hammond has concluded that there is a need for the construction of additional owner-occupied single-family housing for workforce

families. The population of the Hammond area has been increasing from two to 4.8 percent annually for at least the past ten years and is expected to continue growing in the foreseeable future. The local growth in jobs, especially those that would provide income for workforce families, is also increasing rapidly.

Many families that are within the income ranges defined in this report as workforce households can purchase housing units that are sold for moderate prices. However, because of the shortage of existing workforce housing for sale, and with very few units being constructed for sale in the range of $70,000 to $120,000, these families usually purchase mobile homes or rent a house or apartment. Approximately 48 percent of households in the City of Hammond rent their housing, much higher than the national average (approximately 35 percent). And almost 49 percent of housing permits issued in the Hammond area and Tangipahoa Parish are for placement of new and used mobile homes.

The City seeks methods of increasing homeownership through the development of permanent workforce housing. This study has estimated that there were approximately 8,838 households considered as workforce, by income, living in the greater Hammond area in 2006. With population growth rates estimated at two to 4.8 percent per year in that same area, a need for 126 to 282 units of workforce housing annually is a reasonable estimate of demand.

Although this need can be met through a combined use or construction of apartments, houses, mobile homes, town homes, and other forms of housing, the City of Hammond has chosen to advocate the need for increased single-family homeownership for the ever-increasing number of moderate-income workforce families. Construction of site-built or modular housing units that meet local and State housing codes and that are marketed for owner-occupancy, is a goal for the City of Hammond. In order to move forward toward this goal, the City lists five priorities in Section III-B of this report. These are:

- *Increase public awareness of the housing need,*
- *Develop credit and homeownership counseling as a method of helping to increase homeownership,*
- *Provide technical assistance to builders and developers who have a willingness to build workforce housing,*
- *Foster the development of a model workforce subdivision, and*
- *Provide incentives to increase the supply of single-family workforce housing for homeownership.*

As part of the strategy of increasing public awareness and providing technical assistance, the City of Hammond recommends that a **Workforce Housing Task Force** or Blue Ribbon Committee be formed, with its members appointed by the Mayor. The Task Force could be organized with a diverse group of locally-appointed volunteers who have an interest in and commitment to workforce housing and who will be willing to meet on a regular basis. Their objective could be to provide more detailed recommendations and strategies that will serve to encourage workforce housing and homeownership, as well as to work with the Mayor and 15 others in the City to bring

the recommendations to fruition. It is also recommended that the City and Workforce Housing Task Force be assisted by a housing consultant or City staff person that could help by providing data, information, and professional guidance, along with organizing meetings and public presentations.

From before the passing of Hurricane Katrina through today, accelerated population growth continues in the Hammond area, and the City is now at a critical juncture for managing this growth in a proactive, responsible manner with both present and future needs in mind. It is therefore recommended that a strategic workforce housing public information and awareness plan be developed in a timely manner for presentation to the City Council, local media, and other authorized organizations, with follow-on execution. The plan would include, but would not be limited to, the following components:

- *Specific directions for workforce housing as deemed necessary or desired by the City ,to include goals, actions, and time frames for its development and completion,*
- *Partnerships with developers, lenders, and certain non-profits, such as CommunityDevelopment Corporations (CDCs) and Community Housing Development Organizations (CHDOs),*
- *Provision of technical assistance, credit counseling, and homebuyer training, as required by the City and its partners or as desired by prospective developers, builders, and homebuyers,*
- *Grants and other financial assistance from the state and federal governments to assist developers and builders with design and construction, as well as to assist homebuyers with down-payments and mortgages, and*
- *Other components identified as appropriate or necessary by the City and its partners in the course of execution of the plan*

In conclusion, this report demonstrates that despite the current housing situation, Hammond is poised for unprecedented growth and opportunities like none other in its history. As such, the City should ensure that the elements are in place to encourage this growth in a manageable way that leaves alternatives and options available for the future. This report serves as an originating document for guiding the City of Hammond in this direction, as well as for setting processes in motion for establishing one of its most important foundations –permanent housing that is accessible to the hardworking people of the community-at-large.

Hammond has taken the report and has actively moved toward development of workforce housing. We are in a Cooperative Endeavor Program with a non-profit agency that will allow the City of Hammond to donate approximately ten acres of surplus land to the non-profit, and the non-profit will build homes specifically designated as workforce housing. In some respects, this project is competing with other private developers who have applied for and received tax credits for affordable housing, while there is no such benefit to developers who wish to provide housing under home ownership

programs. With this system in place, rental property is more feasible to develop than ownership property.

Recommended Policy change: While the government and specifically the Office of Housing and Urban Development should be applauded for its efforts to provide affordable housing, we believe that more emphasis should be placed on home ownership. This could be accomplished through the appropriation of a portion of tax credits for defined workforce employees to be utilized for the purchase of a home. These tax credits could be acquired either by the homeowner, the developer of property designed for workforce housing, or by governmental units in cooperative endeavor agreements..

Coordination of Federal Benefits through FEMA and/or other agencies .

After a disaster, local governmental agencies look to the state and federal government for assistance. The public in general and the federal government observe the catastrophe scene since the majority of publicity is brought to that area, and probably rightfully so. Because of this, little attention is focused on those host communities that are absorbing the brunt of people relocation.

FEMA is the designated federal agency assigned to handle disasters. While much has been written as to this agency's handling of the Katrina and Rita disasters, this committee should again be made aware of how many different groups were contracted to represent "FEMA." Within the months after the storm, it really got to be a joke when someone came to the local government and announced that "I am from FEMA and I'm here to help." Our response was usually "Which FEMA do you represent?" Immediately after the disaster declaration, there were competing FEMA groups attempting to brandish their powers in order to garner the little resources that were available. In one instance, one FEMA contractor attempted to highjack a tanker truck full of aviation fuel from another contractor. This is only one small example of the

uncoordinated efforts by FEMA. Because of these uncoordinated efforts, local governments were having to complete paper work tasks two, three, or more times because of the confusion among the various contractors.

FEMA has actually prepared a FEMA Guidebook in preparation for a disaster entitled "FEMA; A Guide to the Disaster Declaration Process and Federal Disaster Assistance." Very little attention has been given to this guide, which in our opinion is well written and should be used by governmental bodies as the final authority for FEMA reimbursement. In this book, guidelines were established as to how a governmental body should conduct its business, including reimbursement guidelines for debris removal. On August 30, 2005, the City of Hammond began negotiations of contracts with independent haulers based on the guidelines set in the FEMA Guidelines. The haulers believed that the reimbursement was fair, the city believed it was fair, and the City of Hammond began debris removal on Sunday, September 4, 2005. Within 30 days, the City of Hammond was 90% clean. However, when worksheets were submitted for reimbursement, FEMA questioned many of the expenses although all city contracts were negotiated at FEMA rate and **at one third of the negotiated rates of other larger cities.**

Tangipahoa Parish President Gordon Burgess also agrees that the host communities be given more consideration as to Federal resources especially in terms of needed equipment and facilities because of the smaller communities immediately assuming the roles, responsibilities, and increased liabilities of larger communities while accommodating their displaced residents. Mr. Burgess points out that "as the preparation for the next major disaster/catastrophe continues, the planning and preparation needs are increasing while the emergency preparedness funding is steadily decreasing to an almost crippling state. "

Recommended Policy Changes:

(1) Upon declaration of a disaster, a FEMA or other federal government representative shall be assigned to each parish Office of Emergency Services within 72 hours following the declaration. Each assigned person should be committed to the Parish until such time as all worksheets are closed out.

(2) Local Governmental bodies should be allowed to use alternative solutions to recovery if such alternative solutions are found to be more efficient and at less expense than indicated in federal government policy guidelines.

(3) The FEMA Guidebook shall be recognized at the source document for reimbursement of Disaster Recovery Funding.

Conclusion:

We thank the committee for the time and effort in holding this hearing today. Because of your involvement, if disaster strikes again anywhere in our country, we will be more prepared to handle not just the tragedy itself, but those affected in the aftermath.

Testimony of Mary Hawkins-Butler, Mayor,
City of Madison, Mississippi

I greatly appreciate the opportunity to share with the members present the City of Madison's experience associated with our City hosting evacuees during Hurricane Katrina as well as some of our local response guidelines and initiatives.

PREPAREDNESS

I believe first and foremost one of the most critical issues is the level of preparedness of a city to deal with a disaster. The city must be able to quickly put its house in order to serve it's indigenous population before it can effectively support evacuees. This would include not only initial actions to address the disaster but a depth of sustainability of these services throughout the disaster. While the focus of this hearing centers on mass evacuations relative to a hurricane, quality preparedness is an all hazard exercise.

Some areas of general preparedness that the City of Madison undertakes are:

Providing small portable generator for all essential traffic lights in order to maintain traffic flow as well as significantly reduce police overtime normally required to manually move traffic.

Reserve fuel for vehicles and generators.

Compilation of emergency declarations and ordinances in order to facilitate rapid implementation.

The forming, training, and equipping of CERT teams to supplement local resources in numerous support roles.

Maintain and continuous update disaster plans including Hurricane Preparedness Plan (copy included)

Some areas of Katrina specific preparedness that the City of Madison undertook were:

Early opening (48 hours prior to landfall) of our City EOC with twice daily meetings of all principal parties.

Preparation of information services for both local and evacuee populations. This included the movement of a mobile command post to serve as an information center at our local interstate exit. This information center was staffed by CERT team members. Signage was used to direct evacuees to this center located close to the exit to reduce traffic "wandering" around the City. Information was provided concerning; shelters both local and further along the evacuation route, food, medical facilities, veterinary needs for both equine and small pets, banks, fuel, current storm/weather forecasts, travel trailer park availability and the like.

City wide safety briefing for all employees paying special attention to hurricane specific safety issues (downed power lines, flying debris, etc.)

SHELTERS

The City of Madison has three locations designated as approved shelters with a total capacity of approximately 350 persons. All shelters are faith based organizations and basic needs such as food and sleeping are met by those organizations.

The city provided constant fire and police presence in all shelters while evacuees are present. Special needs evacuees were identified and appropriate measures were taken to address these needs. Some special needs identified were very young infants, accessibility issues, hearing and or sight impaired issues, as well as language barriers.

The city provided support to the shelter in the form of transportation to and from medical clinics, food supplies between shelters and or from distribution points to shelters, kennel facilities, etc.

Information services were provided to keep evacuees apprized of weather forecasts, damage estimates, shelter information further inland, traffic issues, fuel availability, location and availability of special needs resources, as well as repopulation issues such as when return was permitted, what to expect upon return, etc.

Communication capabilities (usually cell phones) were provided to allow evacuees to notify relatives and friends of their situation. A secure roster of evacuees was maintained to assist in persons attempting to locate family members.

DIFFICULTIES DURING KATRINA

Fuel

This limited supply of fuel resulted in:

Evacuees staying in Madison when they actually had point destinations with support (family and friends) further inland. Consequently these persons were ill equipped to stay in a shelter.

Difficulty in moving critical employees to and from work, including shelter workers, medical staff, etc.

Difficulty in rapid movement of rescue teams into the disaster area. Many out of state responders lacked built in fuel reserves to allow for round trip movement without support during transit.

Long lines at gas stations that did have fuel resulting in localized traffic congestion that necessitated strong police presence for traffic and crowd control.

Shelters

The extended operation of shelters during Katrina created problems with staffing and logistics. The faith base shelters were challenged to meet the staffing needs for a continuous operation that lasted more than a week. The Madison shelters met this challenge; however discussion has been ongoing concerning a future event of this duration. The logistics problems were quickly overcome with local donations and support from non-shelter faith based groups.

There was some disconnect in the opening of shelters on a "tiered" basis as well as wide area (statewide) communication concerning available shelter locations, etc.

No clearly communicated plan was in place to relocate, consolidate, and ultimately close shelters. Plans to accommodate persons who became "permanent" evacuees were very minimal and to a large degree non existent as were plans to provide services to these persons.

These long term evacuee needs were things such as schools, medical needs, restoration of mail service, restoration or social services, etc.

Donations Management

Donations management at every level was not managed. Donations were accepted by numerous faith based and service based organizations prior to any needs assessments or tracking methodology being initiated. Once the initial stages of the disaster were over, these donation center looked to the cities to assist in distribution of and disposal of donated items. Great quantities of clothes were collected and subsequently abandoned due to lack of management. (picture attached)

SUCCESSES DURING KATRINA

The acquiring of a closed gas station early in the event and the procurement of a supply of gasoline greatly enhanced the Cities ability to maintain services throughout the event. This gas station was operated by volunteer firefighters around the clock and any government agency vehicle could receive fuel. Through an inter-local agreement, contract crews hired by local utilities could fuel which resulted in rapid restoration of electrical service.

The information services function proved to be a major positive move during the entire event. Daily Frequently Asked Question (FAQ's) documents was prepared and distributed to every phone answering point in the City (sample attached). This resulted in accurate information being provided to all citizens and evacuees. The list was updated daily and previously unasked questions were addressed.

Daily countywide meetings between all local governments, service agencies, and utility providers were held. These meetings allowed for a better allocation of all resources to both citizens and evacuees. Items such as ice and water distribution locations could be moved as needs changed, shelter consolidation and closing could be coordinated, and information for the FAQ's document needed from agencies such as electrical utilities, DOT, etc could be obtained.

Early implementation of a curfew created a sense of stability within the community. It reduced needless fuel consumption as well as reduced manpower requirements on local police for traffic control. Agreements were reached with gas stations and fuel deliveries were scheduled during the curfew to prevent "mass" gatherings around fuel transport trucks.

The use of the Incident Command System's Unified Command concept during this event was without question a cornerstone of Madison's ability to address the needs of both its citizens as well as the evacuees. Regular training as well as mock drills have been and will continue to be used to keep all employees familiar with this concept.

ITEMS TO CONSIDER

Listed here are some items to consider that would assist with local governments being able to better deal with a disaster. These items may have already been discussed at the policy level, but I feel they are worth mentioning.

Provide solar power for all traffic lights in any hazard area (winter storm, high wind, etc). If traffic lights were solar powered they would remain operational during many power outage emergencies and if stand alone solar powered would eliminate a monthly utility bill which would result in long term saving after solar power installation cost was recovered. (This may be a DOT issue) Traffic issues in smaller communities rapidly tax local police resources.

Voluntary imbedding electronic medical data in drivers licenses and juvenile ID cards to provide easy transportability of this information.

Designating logistical support locations (primarily fuel) to assist with long distance movement of rescue resources, primarily state to state movement. (This may be a FEMA issue.)

Continued use and addition of message boards in and around evacuation routes.

Testimony of Sid Hebert, Sheriff,
Iberia Parish, Louisiana

Dear Senate Committee Members:

Thank you for giving me the opportunity to address your committee concerning the challenges placed on state as well as local government, concerning a large influx of evacuees during an event such as Hurricane Katrina and Rita.

As Sheriff of Iberia Parish, and the chairman of the Louisiana Commission on Law Enforcement, I was uniquely positioned to understand the affect of a large number of people having evacuated into communities throughout the state. There were a number of parishes in South Louisiana that were affected by both Hurricanes but didn't necessarily receive dramatic and catastrophic property damages. These would include the parishes of St. Mary Parish, St. Martin, Iberia, Lafayette and East Baton Rouge. We were geographically positioned west of Katrina and east of Rita.

The State of Louisiana and all of its parishes collectively formulated evacuation, housing plans after Hurricane Andrew struck in 1992. The State of Louisiana's, emergency management coordinators, worked with many parishes particularly the ones noted to coordinate immediate temporary housing for tens of thousands of the state's displaced persons after Katrina and Rita. The dedication of schools, civic centers, courthouses and other public buildings were immediately mobilized and staffed in preparation for the thousands to come. The stressors experienced by security personnel, Red Cross volunteers, medical providers and local volunteers were physical but emotional problems started to become evident on or about the fifth day after the relocation of the evacuees. Food, clothing, and bedding shortages were experienced. The cleaning of the clothing and bedding also became an issue. Transportation problems were experienced and all collectively attributed to agitation and the beginnings of conflict between evacuees and volunteers. Outside communication to family and friends by evacuees was rendered virtually impossible due to the extensive movement of as many of 100,000 people state wide. The lack of an established network for posting information where evacuees were housed did not exist. It should be noted that a nationwide news network aided in attempting to remedy this problem. The news agency provided an email site where evacuees could post their temporary location. On or about the tenth day, administrators overseeing the operations of shelters were then faced with dealing with an emotional breakdown that started to occur for public safety and service providers. Working 18-hour days took a personal dramatic toll on these men and women. It was then imperative that a recruitment of additional volunteers was made. Without new and fresh people a collapse of services to those centers was imminent.

There was approximately two and one half weeks from the time Katrina hit Louisiana until the time Rita hit. It was just long enough for Katrina evacuees to be evacuated from their temporary shelter in those parishes noted above. This was a result of Hurricane Rita and her imminent strike to the western part of the state. The influx of an entirely new group of evacuees was experienced. This doubled the stress on all of the services provided at those centers.

Senator, you can imagine the difficulty in dealing with children, the elderly, and the medically impaired evacuees in such conditions. It should also be noted that law enforcement agencies really did not know who they were dealing with when it came to displaced criminals, and at least 650 sexual predators on the sex offender registry in the New Orleans' area.

In the last two years, in Louisiana, the State's operational response plan, to include local governments was examined and improved upon. It is imperative that in the future there is a quicker response from federal agencies on all levels to address the problems noted. Also needed would include a temporary medical provider system, mental health professionals, and assistance from military personnel to assist in local security measures in both metropolitan and rural areas once the proper documents and request have been made by the state and parishes affected.

The long-term affect of the influx of evacuees into many of the parishes in southern Louisiana is to be noted. The influx had an immediate dramatic affect on traffic, inadequate housing, drug trafficking and an increase in crime. In Iberia parish, within the first five months of the long-term placement, a shift in the people committing street level crimes to include burglaries, armed robberies, and drug dealings was established. The local criminals, in the community before the hurricanes, were in their own right displaced because of a number of newly introduced criminals and criminal networks that were attempting to take over the drug trade in that area. Physical and armed confrontations started to occur ending up in a number of shootings and homicides. The conflict of locals and evacuees went on for at least a year. Local police and sheriff's authorities had to employ new measures in an attempt to stop the violent conflict, which started to include innocent bi standers.

In an effort to provide laborers to help with the rebuilding efforts contributed to the crime problem as a number of workers from South and Central America introduced a new level of criminal organization as noted in the New Orleans area. The beginnings of a criminal network referred to as "MS 15" got its start and is now working its way throughout south Louisiana. The state of Louisiana's enforcement agencies working in conjunction with local law enforcement has had to adopt new measures of intelligence gathering and information sharing through improved communication and computer networks.

Additional training for temporary responders was necessary to instruct the officers on how to deal with the new face of crime. I believe very strongly that displacement of the thousands of people into areas that they were not familiar with was fertile ground for substance abuse and mental stressors placed on them. I have no actual data to document the increase in suicides and drug abuse but I am quite sure that this is occurring. In Louisiana we have very little resources when it comes to mental health services especially for the criminally insane. The federal government with its diverse resources could identify and assist each state's resources when it comes to the human problems noted. Federal agencies could address the need for more social services to address these problems to include health care, emotional stability and meeting the needs of the most basic human daily necessities as a top priority.

For the last seven years, I have witnessed a shift in federal priority when it comes to department of justice funding for law enforcement and social programming assistance. The catastrophic events surrounding Hurricane's Katrina and Rita tested every agency throughout the state when it came to manpower and equipment needed to perform their duties. In my opinion, the shifting from community policing and its concept to national and international terrorism, left a gapping hole in the number of first responders necessary to provide the services our citizens needed most.

I must note that when Hurricane Rita struck just two and one half weeks after Hurricane Katrina I noticed a very impressive difference in the response and attitude of U.S. military services. I believe that it was a direct result from the national criticism on the federal government by the national media. I would ask that what ever created the change in the philosophy and organization for the response to Hurricane Rita be a constant for future nation wide events.

Sheriff Sid Hebert,
Sheriff of Iberia Parish

STATEMENT OF ROBERT A. ECKELS,

FORMER COUNTY JUDGE, HARRIS COUNTY, TEXAS

BEFORE THE

SENATE COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS AD HOC SUBCOMMITTEE ON DISASTER RECOVERY

HEARING ENTITLED: "OPEN ARMS: ANALYZING THE ROLE AND NEEDS OF HOST COMMUNITIES IN THE WAKE OF MAJOR DISASTERS AND CATASTROPHES."

OLD STATE CAPITOL BUILDING, BATON ROUGE, LOUISIANA

MONDAY, DECEMBER 3, 2007

Madam Chairman and members of the Subcommittee, I am Robert Eckels, and I am a partner in the law firm of Fulbright & Jaworski in Houston, Texas. However until March 6, 2007 I served as the County Judge of Harris County, Texas. To clarify that role, a County Judge in Texas is the presiding officer of the Commissioners Court, the governing body of the county. I represented all the citizens of the third most populous county in the United States.

Harris County is 1,756 square miles in area and home to 3.9 million residents, making it more populous than 23 states. There are 34 municipalities within the county, including the City of Houston, the fourth largest city in the country. More than 1.2 million people live in unincorporated Harris County and rely on the county to be the primary provider of basic government services.

As County Judge, I was charged by statute with the responsibility for emergency management planning and operations for Harris County. Most departments within Harris County have emergency functions in addition to their normal duties and play key roles in our emergency operations strategy. All departments work together to coordinate services and prepare for an emergency or disaster.

I thank the Committee for inviting me to testify on what our challenges were, on what worked and on what needs to be changed to make it less difficult in the future. I would like to submit for the record the written testimony that I presented to the Senate Homeland Security and Governmental Affairs Committee Hearing on Recovering from Hurricane Katrina: Responding to the Needs of the Displaced, Today and Tomorrow on September 28, 2005. It explains what we were going through at the time of the event and the recommendations to Congress in that testimony are as valid today as they were then. Let me address those things that still need to be fixed so that host communities are not penalized for taking in evacuees.

REIMBURSEMENT

Current law is designed to help victims in the impact zone not the communities that serve the evacuees from the impact zones. It is logical to only reimburse a community for overtime for public service employees in an area where those employees would normally be serving the community, but when the host community is not the impact zone special consideration must be made. In the case of Harris County, we had to pull our public service officers away form their normal duties and assign them to our sheltering operations to serve only the evacuees. Our local tax payers paid for services they did not receive and that did cause some friction.

The incentive under the current law is to send future evacuees on to other communities by not establishing sheltering operations. I encourage Congress to investigate and address ways to reimburse host communities for the services they provide to evacuees particularly when the citizens of the host communities are not receiving those services.

While we understood the process, worked well with FEMA and the State of Texas and were reimbursed for some of our eligible expenses relatively quickly we are still waiting for reimbursements for some other eligible expenses.

For example, the Reliant sheltering operation expenses totaled $9.542 million, of which $9.475 million of the expenses were eligible and for which we requested reimbursement. To date, we have received $8.525 million, and we are waiting on the State audit to receive the balance.

There were other pass-through expenses such as faith based shelters, Continental Airlines, mutual aid agreements, etc., which totaled approximately $3 million, and we have finally received 100% of these reimbursements.

The Harris County Hospital District (HCHD) that responded to the overwhelming medical needs of the evacuees in the Reliant Astrodome shelter incurred expenses of more than $12 million. They were reimbursed $60,000 from FEMA for the cost of setting up the medical facilities that I described in detail in my testimony referenced earlier. HCHD was reimbursed $5.74 million from Medicaid for the medical and pharmaceutical needs and we have just learned that the remaining $6.2 million will be reimbursed from CDBG funds. While we appreciate being reimbursed, our county has had to bear these expenses for more than two years now.

Many expenses to a host community are not eligible for reimbursement, such as regular salaries and wages of public service employees. Had we contracted with private companies for security, health care and social services these expenses would have been eligible for reimbursement. But the private sector cannot provide many of these services as they do not have police powers or the capacity to respond to a large-scale disaster. Federal law should be changed to fully and rapidly compensate host communities in a disaster of a national or regional scale.

SPECIAL NEEDS EVACUEES

One of the most serious problems we faced as a host community was not knowing what to expect as the busses began to arrive from New Orleans. Nearly all of the evacuees had special needs of some kind. Most were severely physically stressed; some were drug or alcohol dependent, some were mentally ill or physically ill and off their medications for an extended period of time and others had underlying medical conditions requiring both immediate and continuing care.

Identifying the Special Needs Population

Our biggest challenge remains identifying this population before an evacuation. Hurricane Rita demonstrated our own weaknesses as we tried to identify our

special needs population. The solution developed by the State of Texas has been first to redefine "special needs" as anyone who cannot evacuate on their own including people who are physically or mentally incapable of evacuating or who are transit dependent. Currently we ask people to self identify through a 211 telephone registration system and we work with health care and social service providers to locate the populations they serve. However, federal HIPPA laws limit the information we can gather on our health related special needs population.

Care and Transit

Once identified, the population is classified based on the level of care they need in transit and at a shelter so it can be determined to which shelter they need to be taken. Some may be accommodated on a bus but some may need an ambulance. We must be able to identify, plan for and respond to each particular specific need as rapidly as possible.

Evacuation Plan

We learned with the Hurricane Katrina evacuees the problems a shelter faces not knowing what to expect. During the recent evacuation for Hurricane Dean, the State of Texas had a chance to test its special needs evacuation plan. Every person who checked in at a transit center received a wrist band for the person, for their pet and for their wheel chair or other special equipment. This created a manifest for each bus which was forwarded to the receiving shelter. The busses were tracked through a GPS system so that the State Emergency Management System knew where they were and when they arrived at the shelter. This plan was developed in partnership with the private sector. The federal government should provide incentives for all states and communities to develop a similar plan.

Shelter Care

Evacuees will need a wide variety of services and shelters must be prepared to provide services to meet those needs. It is important that all communities review the needs of their own community before a disaster to be able to plan for and to address those needs.

INVOLVING THE PRIVATE SECTOR

We learned in the Hurricane Katrina sheltering operation that we could not meet all of the needs of the evacuees alone. In the Astrodome, our management company, SMG-Worldwide Entertainment and Convention Venue Management, also managed the Superdome in New Orleans and was able to share critical and time sensitive information that was unavailable from official sources. They were accustomed to dealing with large crowds at major events and their staff stepped into the breach and provided critical support.

In my previous testimony to the Full Committee, I outlined much of the private sector support for our sheltering operations. The private sector should be used more extensively where they have specific expertise. During the events of Hurricanes Katrina and Rita the State of Texas had one contract with a private sector firm. Today they have 58 contracts for a wide range of services from evacuation and mass care to fuel, power, communication and reentry operations.

A classic example from Hurricane Katrina would be the FEMA Debit Card Program for getting emergency cash to evacuees. The debit cards are a very effective way to provide immediate assistance to victims of disasters and allow them to meet their own personal needs. The cards also allow FEMA to track spending as evacuees apply for additional benefits.

When it was announced prematurely by FEMA in Washington, DC that the debit cards would be distributed beginning the following day, FEMA was only prepared to distribute 50 cards per hour. By reworking the plan the Regional FEMA office

was able to bring in more staff and networked computers to increase distribution to substantially more per hour. However, the process remained bureaucratic and inconvenient for most of the evacuees in the Harris County region. Private banks issue thousand of debit cards every day. They identify depositors and determine eligibility for many services. Using private banks to issue debit cards would provide hundreds of locations and accounts that could be accessed anywhere as FEMA manages benefits to victims of a disaster.

The State of Texas issues thousands of Lone Star Cards for food stamps and state social service benefits. States, too, could manage this operation more effectively than the federal government. Congress should encourage states and communities to include the private sector in their disaster response planning. Congress should encourage regional private sector contracts and not force states and local communities into a once-size-fits all national plan.

Madam Chairman and members of the committee, I want to thank you again for allowing me to discuss our experience as a host community and to make suggestions for improving conditions in the future. We have learned and grown from our experience and are delighted to be able to share what we have learned with others. Let me conclude there and respond to any questions you may have. Thank you again.

Testimony for the Ad Hoc Subcommittee on Disaster Recovery of the Committee on Homeland Security and Governmental Affairs of the U.S. Senate hearing entitled:

HOST COMMUNITIES: ANALYZING THE ROLE AND NEEDS OF COMMUNITIES THAT TAKE IN DISASTER EVACUEES IN THE WAKE OF MAJOR DISASTERS AND CATASTROPHES

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Louisiana Family Recovery Corps

December 3, 2007

Baton Rouge, Louisiana

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Introduction/Background

Good afternoon. I am Raymond Jetson, chief executive officer of the Louisiana Family Recovery Corps. On behalf of the parents, children, grandparents, aunts, uncles, college students, executives, bus drivers, nurses, doctors, construction workers, case managers, first responders, and the nonprofit organizations serving these individuals and their families, I thank you, the members of this committee, for your continued commitment and support of Louisiana's recovery and the strengthening of its people. Thank you for taking the time to visit our state to see, touch, hear and feel firsthand the status of our recovery. I would also like to thank the thousands of cities, towns and communities across our nation for taking in Louisiana's residents in our time of great need.

As a former deputy secretary for Louisiana's Department of Health and Hospitals during the storms and now as CEO of the Recovery Corps, I saw and continue to see, firsthand, what Katrina and Rita did and are doing to Louisiana's landscape, infrastructure, economy and, most importantly, Louisiana's people.

In the immediate aftermaths of the storms, there was an unmanageable, at that time, flurry of disaster response activities: some from local government and some from the state, both working tirelessly to address the needs of Louisiana citizens. That flurry of activity, combined with the number of non-governmental organizations that descended upon our state of offer aid, caused some understandable confusion and communication breakdowns. There were many good works and efforts going on, but there was little-to-no coordination of these efforts. In addition, there were some barriers to properly integrating those external organizations in to the existing network of providers in Louisiana. Lack of coordination was quickly identified as a major roadblock. This realization led to the development of the concept of the Recovery Corps, as a coordinator of human service delivery. For many reasons, including inadequate funding, the original vision of the Recovery Corps was never achieved to its full potential, and instead, the Recovery Corps leveraged its resources to fill gaps in services left by government and other providers to address needs of families and individuals after the storm.

Since then, we have touched the lives of thousands of households through recovery planning, ongoing and one-time assistance for household needs, emotional well-being and mental health, propane, housing repair and rehabilitation, children's programs, and more. The Recovery Corps has been responsive to the extent our resources would allow to the needs of recovering households. When insurance, the Road Home and FEMA assistance weren't enough, we filled in the gap for many households to get assistance for utilities, rental deposits, and basic furniture and appliances. We have offered assistance to families in need of materials for home repairs. We have offered children empowering programs to give them a positive experience, when their post-Katrina world could have been quite the opposite. From propane for the elderly to grants for child care centers, we have done what government did not—respond quickly and directly.

Today, I am encouraged by the opportunity to share with you: what we have learned in the past two years as both observer and participant in human recovery efforts; describe the innovations that proved to be successful; and offer recommendations of what you, as congressional leaders, can do to facilitate improvements as we collectively look to the future.

First, let me begin by articulating the three most significant challenges faced by the Recovery Corps.

Challenges to Recovery

Challenge 1: No Adequate Plan to Outline a Human Recovery Response

A shared characteristic among Louisiana residents affected by the storms of 2005 is that regardless of their pre-storm situation, the equalizing affect of disaster caused many residents to need *something,* something beyond the immediate needs offered by first responders. Many found themselves seeking help for things that they had no previous need to access. While the physical loss of people's belongings and positions was directly attributed to an environmental force, in some case the loss of community, support networks and control over one's destiny was destroyed by the hands of those involved with executing and administering help.

A lack of clearly defined roles and responsibilities among service entities involved, or assigned, to provide services to people, and the lack of collaboration in planning among stakeholders, resulted in the deployment of many well-intentioned solutions that had adverse impacts. But more importantly, these solutions were not part of a cohesive plan to address the overall human services needs in recovery. Common goals, outcomes and strategies to serve the best interest of people were not administered in partnership as part of a master strategy. There was no lead agency recognized by stakeholders with the responsibility, financing and accountability for addressing the needs of human recovery that also possessed the authority to interact and be recognized by key agencies—i.e. homeland security, FEMA, state and local government. Some agencies exercised self-initiative to coordinate specific task-focused activities. These efforts were inconsistent, at best, and did not fill the dire need for a broader plan of human recovery after disasters. Often these efforts extended only until particular tasks were executed, rather than as an integral part or expectation of disaster management. Without clearly defined responsibilities for organizations expected to undertake coordination and an expectation that coordination is an ongoing activity, rather than a confined series of events, there is no opportunity for cohesion or accountability if efforts fall short.

Federal, state and local government, in addition to non-governmental service entities, worked diligently in the immediate aftermath of the storms, but they did so absent a cohesive strategy about how to leverage the collective expertise and resources of one another to generate solutions in the best interest of people. Who was in charge, who had a plan, and who answered to who, became the critical, but unanswered, questions among stakeholders assigned to recovery efforts. Further, many of the activities undertaken by stakeholders extended beyond their traditional roles and areas of expertise. The absence of collaboration from content experts during the expansion of responsibility beyond tactical deployments produced short-term solutions to address extremely complex issues. In turn, the short-sighted nature of the solutions produced long-term negative outcomes. These negative impacts are then left for traditional human service entities and providers to address in a reactive way and often after people have reached a desperate need for interventions.

Because many stakeholders "share" clients, a lack of coordination, sharing of information and planning, between entities caused considerable frustration. Without distinctions between the end of "first response" and the beginning of "recovery," confusion existed among stakeholders about "hand-off" benchmarks and when or how to pass responsibility on to another stakeholder. Uncertainty was caused for client and provider alike. Mistaken assumptions complicated the path of obtaining resources for clients.

Ineffective, or non-existent collaboration, places the detection of people's critical needs at risk, making it likely that issues will go unaddressed. A clear manifestation of this point was the decision by the Federal Emergency Management Agency [FEMA] to create transitional trailer communities in order to provide housing for displaced residents, but in so doing, omitted the necessary supportive services and community resources impacted residents need to begin recovery. While the idea of creating temporary living arrangements—or transitional communities—en mass, solved the immediate need to liquidate the temporary shelters, these plans were constructed without plans on how to transition out of the temporary residences. In creating the transitional communities, plans did not call for the inclusion of any social networks that are characteristic of a community setting. The geographic isolation of the trailer residences from many essential services such as employment agencies, health care, child care, schools, grocery stores, combined with the lack of public transportation to and from the sites, left many residents without the adequate networks needed to begin a process for recovery. While some trailer communities evolved to offer centralized, on-site access to resources, this occurred after the fact in many cases, and only after government entities, such as the Louisiana Departments of Social Services and Labor, and local service providers, such as Catholic Charities, convinced leaders to allow these services to be available and accessible within the trailer communities. It should be noted that the recognized need for these services came not from FEMA, but from the collective provider community themselves. Their diligence, both in raising the issue and gaining access, eventually produced the on-site availability of key services in some cases. Even then, distrust about access to help had already set in among trailer residents. Residents described feelings that certain essential services were not available and that those services that were available were only selectively distributed. As one participant explained, "People in here, we need help. If you ain't in the clique...you ain't gonna get it."[1]

However, access to these services could and should have been a part of the overall strategy for creating transitional communities. Further, these plans were made without the proper planning and guidance on how to transition these residents to more permanent types of housing. The negative outcome for people is a stalled process for recovery and increased feelings of depression and isolation—even for those that led stable lives previous to the storm.

A recent evaluation by the Recovery Corps confirms this point. The findings identify a profound difference in client recovery for those living in trailer communities compared to those with more permanently types of housing [i.e. renting an apartment.] Transitional community residents reported fewer gains towards the process of recovery. They often had lower levels of employment, regardless of pre-storm employment status, and reported high levels of depression. Residents often pointed to their living situation as a "cause" for their stress and situation, often citing the lack of essential services and access to employment *because* they lived in the trailer communities.[2]

Even as the Recovery Corps was created with the role of coordination in mind, without a clearly defined authority to perform this function, the perceived role of coordinator was difficult to translate into practice. Understandably, as agencies and departments are accountable to their respective leaders, it is difficult to imagine how, absent a stated plan for interaction, this

[1] *Evaluation of the Louisiana Family Recovery Corps Case Management Program*, December 2007. Berkeley Policy Associates.
[2] Ibid.

coordination would naturally occur. As much of the financing for particular interventions, such as rental assistance, case management, job training, child care, health care and transportation, is tied to traditional government systems, the addition of an outside entity—whether Recovery Corps or other agencies—caused difficulty in balancing a need for program integrity, efficiency, accountability and privacy against the need for responsive, comprehensive, client-centered services.

Difficulty in coordination extends beyond the Recovery Corps' ability, however. Coordination is not only about facilitating collaborative efforts, but also being an active participant in the planning and deployment of strategies that affect a shared client-base. So while an entity may be completely within their own jurisdiction to execute and operate in a certain way, their actions can often produce unintended consequences for other stakeholders that share a clientele. Using the previous example of FEMA Trailer Communities, while it may have been within the FEMA authority to determine the location and tactical set-up of the communities, the absence of inclusive participation from others that could have created an environment conducive to the needs of people, was not considered. Only after damage occurred to people were these partnerships considered. Another example was the convening of regular status meetings initially organized by FEMA in the immediate aftermath of the storm. These meetings were useful forums to share information and problem-solve. But, with no stated expectation of on-going collaboration with others or who should convene these meetings, they do not take place anymore.

One would hope that serving the greater good would cause some of these efforts to naturally occur, but the realities of accountability, confidentiality tied to individual agencies and the ill-defined points of connection to processes, are enough to stymie a continual and mutual way of working together.

In many cases, relationships between federal, state and local entities have improved in the two-plus years since the storms. But the time, energy and resources needed to forge trust among stakeholders came at a cost to people's well-being. And, even after these efforts, there is still no coordinated plan for human recovery, only agency-driven approaches.

Challenge 2: Service Capacity to Address Needs Was Destroyed and Overburdened
Churches, community centers and local non-profit service organizations are often the cornerstone of community safety nets that provide many types of direct services to residents in times of need. The storms of 2005 literally destroyed the physical infrastructure of many local service providers—loss of buildings, equipment and even staff—which reduced the number of available providers able to meet the increased demand for human services. In areas such as Orleans, St. Bernard and Plaquemines parishes, there were often no available services for residents in need to access. The influx of new residents in communities outside of the immediate impact zone such as Baton Rouge, Lafayette and Shreveport, placed a strain on the provider communities as they struggled to balance their existing role in meeting community needs, with a new expectation that they also serve an exponential increase in new citizens—all without new funding or staff. Extremely long waiting lists for services emerged and, even to date, significant numbers of affected families are still without access to services because of too few "slots" or funding for services.

Further, many service providers were ill-equipped to address the range of needs presented by evacuees. Service entities took on responsibilities for administering services in which they were unfamiliar, simply because they were often the only functional agency in a particular area. A lack of service providers also diminished the availability of traditional referral networks. At the same time, those that remained in service were at capacity. Even if an evacuee was able to access a service, it was likely their needs could not be comprehensively addressed. One service provider in New Orleans explained:

"If clients are "really ill [with mental health issues] there are only like 20 beds in the city at the clinics. They [clients] can't just walk into a clinic; it's too long of a process." [3]

Additionally, because the needs of people extended beyond the traditional offerings [building materials, money for rental deposits, major appliances, etc] of providers, absent the financial resources to initiate new programming, service providers that remained were ill-equipped to address community needs as related to disaster. This is particularly true in the area of mental health and substance abuse.

The frustration for service availability was also prevalent among residents themselves. Many related how everyday seemed a struggle to exist, as each day presented a new challenge to overcome.

Challenge 3: Financing for Human Recovery was Under Funded and Overly Restrictive
Earmarked funding for items like levees, housing and other infrastructures are easily identified, but the money for items to address the needs of people were often the result of patchwork financing from federal funding streams not designed for the service needs of disaster recovery. Congressionally authorized appropriations of Social Services Block Grant [SSBG] and Temporary Assistance to Needy Families [TANF] fund in particular, provided a major source of financing to pay for much of the human recovery effort, but restrictions and eligibility tied to those programs hindered the use of funds to meet the full spectrum of needs.

This manifested itself in two distinct ways. First, the categorical eligibility tied to the program limited the population that could be served with designated funds. Second, the programmatic restrictions placed limits on what could be paid for with these funds, placed limitations on which client needs could be addressed. For example, TANF funds could only be used to serve families with children, which meant that large populations of the elderly and single adults couldn't be served. These funds could also not be used to provide for medical services or prescription medications. Even as more lenient guidance was provided through the appropriation and regulatory process at the federal level, the accountability and risk of penalty attached to federal funding caused a more conservative interpretation to the already restrictive way in which funding could be utilized to occur.

Not withstanding the tie to government programs, there was insufficient money directed to meet the needs of people in general. The physical loss of clothes, household items, furniture, cash, cars and many others, were not completely replaceable through FEMA, insurance and personal savings. Many residents that reported a relatively stable pre-storm condition [owned a home, had a job] found themselves without the cash to replace all that they had lost. The daunting

[3] Ibid., Ch 6, p.20.

task of rebuilding a way of life pushed beyond what many residents were able to manage by themselves, combined with the less tangible need to find jobs, identify transportation, register children for school, obtain lost documents and identification. Money cannot buy the process for recovery, but it can provide access to many of the essential things and supports that place people on the eventual path to recovery. Even in the midst of these needs, there still remains a funding void to address these challenges.

Innovations In Recovery

Innovation 1: Creation of need-based service model to address individualized situations
Despite inadequate funding and their related restrictions, the Recovery Corps successfully evolved its service approach to offer a combined menu of services and access points reflective of true human recovery needs. By abandoning the approach that tied all services and supports directly to a case manager and a recovery plan, the Recovery Corps was able to provide the needed one-time support for those residents that simply lacked the cash to reestablish their household (as needed for rental deposit, first month's rent, replacement of household appliances), but were already well-positioned to sustain themselves absent a longer service intervention. For those whose situation warranted a longer term source of help, trained social workers in the form of family liaisons were paired with residents to assist in problem solving, goal planning and often provided a source of emotional support as clients worked through the logistics of setting their recovery path. As other issues became apparent—such as need for building materials, school uniforms, propane for trailers, summer activities for children and access to information for those out of state—the Recovery Corps formula for program design helped ensure that services were created with the distinct needs of people in mind, in addition to an understanding of how people could best access services.

Innovation 2: Centralized and Personal Access to Information and Service Screening
Despite the significant increase in toll-free numbers for "information" about storm-related issues, an amazingly single, centralized source that could describe service availability, basic infrastructure repairs/improvements and employment opportunities and housing availability within the neighborhoods of New Orleans, did not emerge. Particularly for residents that were displaced out of state, access to this type of information was vitally needed, but not easily accessible. Through the creation of a centralized call center, the Recovery Corps was able to offer out-of-state residents this type of information, as well as personal planning assistance for residents that were interested in coming home.

Called NOLA Bound, this initiative expanded to serve as an in-state connection point for Texas case managers that were assisting Louisiana residents with plans for relocation. Such a connection allowed a linkage to Louisiana to ensure that their clients could make a smooth transition back home. The call center infrastructure was further utilized to take incoming calls for appointments in the distribution of one-time Household Establishment Funds [HEF]. By pre-screening callers for eligibility over the phone, service providers can spend more time with clients to priorities their needs, rather than determine eligibility. Further, potential clients do not need to be physically present at a service venue to wait for a determination of eligibility.

Because the call center offers *one number* to call for a variety of things, it eliminates questions about who to call, for what. A critical element to this approach is that the call center is staffed with trained social workers, not typical "answering service" staff. This qualitative feature ensures that the interaction taking place between caller and call operator is done so with the

expertise needed to problem solve and address issues that arise from callers in crisis situations. The simplicity of having a live voice to answer questions has been invaluable to callers, particularly those out of state. Many callers provide unsolicited feedback regarding the value of personal contact and the emotional support it provides, even for simple things. The Recovery Corps has many examples of caller sentiment that describes a feeling that the "Recovery Corps is the only organization that listens."

Innovation 3: Localized approach to service delivery creates trust and credibility
The Recovery Corps is not a direct service provider per se, but rather an intermediary organization that identifies the local capacity to deliver specific services. Most often through community-based organizations in local communities, the direct services to residents are more readily accessible if offered by entities that are recognized parts of a community. Further, because local providers know and understand the unique characteristics of their community, they are able to create a sense of trust and understanding that outsiders must take time to establish. Awareness of localized need allows the Recovery Corps to stay on the pulse of what particular needs exist in various communities, causing a quick transformation of those needs into an intervention for people to access.

Recommendations for Change

Recommendation 1: Create funding sources that designated specifically to human recovery that are not tied to government programs
The need for flexible funding in post-disaster situations is essential. The needs of those affected by disaster are unique to disaster scenarios and can fall outside of the traditionally-defined ways in which government-financed programs are administered. Eliminating the categorical eligibility that follows government funded programs is essential to address disaster-affected populations that may be inconsistent with existing programmatic eligibility criteria.

Eliminating the tie to government programs such as TANF, SSBG or Medicaid does not mean removing the involvement of agencies that administer those programs. Their expertise and infrastructure can prove beneficial in time of crisis. Designing a disaster-specific fund with clearly defined triggers and execution parameters could create a pool of resources that is only accessible in disaster situations. Because its triggers are disaster-specific, the fund usage can be defined within a disaster service context.

Another option is a funding designation for human recovery in disaster that is administered through a centralized intermediary organization with clearly defined roles and responsibilities. Such an intermediary could be operational independent of government entities or as part of an emergency preparedness plan administered by a first-respondent entity.

Regardless of placement, a funding source must also come with clearly defined parameters and expectations of the responsible entity, including relevant partnerships and execution strategies that are mindful of a collaborative approach to deployment.

Recommendation 2: Clearly defined expectations of FEMA in its planning, development, implementation and management of disaster activities that provide services to people
Mandates do not produce collaborations. However, clear assignment of specific tasks and responsibilities to other entities, can provide a framework that facilitates collaboration. Expectations about the needed partners to engage in the early stages of planning deployment

strategies can leverage the collective expertise of stakeholders while helping to ensure that well-intended solutions do not have unintended negative consequences. Assigning distinct responsibilities to other stakeholders outside of FEMA [i.e. housing to housing experts] while retaining an overall oversight to the process would provide the "permission" or means to collaborate while offering a framework in which to delegate particular tasks to other experts.

More distinct boundaries that define the triggers or "hand-off" between one entity to another are also needed. The benchmarks that signal the transition from disaster "response" to disaster "recovery" and collective stakeholders that are a part of each phase must be more clearly defined. A need for the leadership and expertise that FEMA can provide is obvious, but must be strengthened by creating inclusion and participation during significant decision-making activities.

Recommendation 3: Build a more appropriate mechanism to address the emotional well-being of people affected by disaster.
Existing approaches to mental health are not designed as interventions for people affected by disaster. The existing model is based largely on clinical strategies to provide crisis counseling, treat mental illness or respond to clinically diagnosed conditions. These strategies *are not* designed to assist people to overcome depression, rebuild their support network, integrate into a new environment, and learn techniques to successfully manage the stressors that can negatively impact their overall emotional well-being. In some cases, the "treatment" for emotional well-being is not a clinical response, but rather helping to re-create support environments and social settings that provide the safety net that is needed to manage crisis and stress.

A new model should be inclusive of the essential diagnostic tools, intervention strategies as well as training to teach skills and techniques geared towards more grass roots types of providers, rather than clinical experts. This approach should have the ability to be deployed through community networks—churches, social clubs, neighborhood associations, local organizations—rather than solely through traditional hospital or clinic-based access point. Creating a source of funding that can provide for the deployment of a revised model into communities will ensure that approaches are operational and available. Most importantly, rebuilding the emotional well-being of people affected by disaster, contributes perhaps the most lasting element in rebuilding the foundation of community.

Conclusion

In spite of challenging circumstances, the Recovery Corps, and others, have experienced many successes and have been rewarded with the first-hand observation that well-planned efforts really do produce life-changing results for people. Through Recovery Corps services, the lives of nearly 30,000 households have been impacted. Investing in the well-being of people, empowering them to achieve beyond what they thought possible, and finding real solutions to their obstacles is the true work of human recovery. It is with sense of hope and determination that the lessons of Hurricanes Katrina and Rita, and the human story of tragedy and perseverance, will inform future approaches in response to disaster.

These lessons should call upon us to learn from mistakes, build on our success, and share our knowledge to build a better system—a system where each participant understands their critical role, where mutual accountability and responsibility are welcomed, where investments are made and, most importantly, where the best outcomes for people are always a part of the plan.

TESTIMONY OF KIM BOYLE

HEALTH CARE COMMITTEE CHAIRWOMAN

OF THE

LOUISIANA RECOVERY AUTHORITY

BEFORE THE

U.S. SENATE AD HOC SUBCOMMITTEE ON
DISASTER RECOVERY

December 3, 2007

Good afternoon. I am Kim Boyle, a native New Orleanian who evacuated to Houston in advance of Hurricane Katrina. I am also the Chair of the Louisiana Recovery Authority's Health Care Committee. On behalf of the citizens of Louisiana and the LRA, I want to thank the members of this committee for continuing to pursue solutions to the problems that have plagued hurricane evacuees, and in this case, the cities that took them in, over the past two and a half years. I also want to thank the people and communities across America that welcomed us, the newly homeless and heartbroken, into their towns, into their schools and hospitals and into their lives.

Being forced to evacuate, I saw people struggle, not only to find a secure place to land, but also to retain their physical and mental health in the process. There is no doubt that catastrophes such as Katrina and Rita will occur again. We owe it to ourselves, the victims of this catastrophe, and the American people to ensure that our future response is different.

I was lucky. My situation and that of those closest to me was very different from that of many other people. While hundreds of thousands of Louisianans were evacuated to points unknown, many of them without kin, I was fortunate to land in Houston, a familiar place where we already had family. And I evacuated with my parents.

My elderly parents were not alone, as so many of our senior citizens were. And they left New Orleans prepared. They had a list of their medications and information about their conditions and doctors. Thanks to recommendations from family members in Houston, they were able to find good doctors. Their care was seamless. They had their prescriptions through a national drug store, so they were able to access information about their medicines electronically. While they were understandably anxious about their home and loved ones, they had the peace of mind in knowing that their medical needs were being met. For that, we were all grateful.

As the chairman of the Health Care Committee of Mayor Ray Nagin's Bring New Orleans Back Commission, which was formed right after the storms, and an active participant in health care reform panels through the LRA and other entities, I have given a great deal of thought to the manner in which we addressed human needs after the storms. Some of them we were able to employ in this catastrophe. Others occurred too late if at all. There are plenty of lessons for all of us.

I'll begin with the successes.

Online Access to Pharmaceutical Records

Because it was so critical that doctors and pharmacists were able to access information about the prescription drugs an evacuee took before fleeing his or her home, the Louisiana Department of Health and Hospitals (DHH) established KatrinaHealth.org, a free, secure online service for authorized medical providers.

This was beneficial to patients who were displaced, but it also helped displaced doctors or pharmacists, who were able to use KatrinaHealth.org to access their own patients' files and obtain information about prescriptions they had written or filled previously.

Emergency Prescription Drugs for Hurricane Evacuees

The Louisiana Board of Pharmacy and DHH arranged for Hurricane Katrina evacuees without financial means to fill prescriptions at any Wal-Mart, CVS, Rite Aid, Walgreen's or Kroger's pharmacy in Louisiana or throughout the country to have their prescriptions filled based on patients' emergency needs.

Recruitment of Displaced Nurses, Physicians and Health Care Providers to Fill Critical Needs
In an effort to alleviate overburdened health clinic and hospital staffs, DHH's Med Job Louisiana established a hotline for displaced medical personnel and others seeking employment. Health care organizations with staffing needs were also able to use the hotline to provide information about available practice opportunities.

Ensuring Access to Children's Medical Records, Vaccinations
DHH offered birth cards (small versions of birth certificates) at no cost to evacuees and their children through parish health units and clerk of court offices.

Additionally, the state temporarily waived the requirement for parents to present their children's immunization records to enroll them in schools. DHH used its internal LINKS system to track immunizations records and shared that information with the appropriate education officials.

Also, under approval from CDC, the LA DHH-Office of Public Health Immunization Program declared all children ages 0 through 18 years who were displaced by the hurricanes to effectively be uninsured, therefore allowing providers to immunize these children using vaccine from the Vaccine for Children program (VFC). VFC providers were able to establish the child's eligibility merely by asking the parent or guardian whether the child was displaced as a result of Hurricane Katrina. No proof of insurance was required. This allowance for the use of VFC vaccine was for all displaced children ages 0-18, regardless of whether they were staying at shelters, hotels, or with family and friends.

Implemented and Coordinated Health Care Volunteer Effort
DHH established a mechanism for accepting offers of assistance from medical professionals and for deploying volunteers.

Waiving of Licensing Requirements for Out-of-State Medical Professionals
Governor Blanco issued an executive order to allow out-of-state doctors and other licensed medical professionals to provide emergency services to patients.

Established Regional Response Teams to Treat Evacuees

In an effort to address social services needs of evacuees, DHH established two response teams in each of the regions housing evacuees -- the Baton Rouge, Houma/Thibodaux, Lafayette, Lake Charles, Alexandria, Shreveport and Monroe areas. The teams, comprised of four members each, went to shelters and other areas to communicate with evacuees and first responders to assess their needs. The teams each had a social worker, psychiatric worker, addictions counselor and registered nurse. They worked 24 hours, seven days a week to refer people recovering from the aftermath of Hurricane Katrina to services in the region where they were residing so they could receive treatment. The teams also offered on-site counseling.

On the human services side, one of the biggest achievements after the storms was also home grown.

Created the Louisiana Family Recovery Corps
Governor Kathleen Babineaux Blanco created the Louisiana Family Recovery Corps shortly after the storms to address the needs of displaced families. An independent nonprofit, the LFRC has served thousands of families who otherwise could have fallen through the cracks. The irony is that it almost didn't get funded. A state application for funding was denied by FEMA, but the agency has benefited from TANF and SSBG funding. And this past year, the Louisiana Legislature approved an administrative budget for the Recovery Corps, meaning that it was able to continue critical programs for hurricane-impacted families by offering one-time assistance for household needs and providing vital recovery information to residents displaced out-of-state.

Unfortunately, what we primarily learned after the storms was that our nation was woefully ill-prepared to handle the physical and mental health crisis of a catastrophe of this scale. I will separate the issues into two sections: health care and the delivery of human services.

Ensuring Adequate Medical Care in Host Communities

As in many other areas of hurricane recovery, the problems with health care began with the law that governs FEMA's response after a disaster: the Stafford Act.

It's one of the reasons the LRA is calling for an all-out reform of the law.

The Stafford Act should be amended to create a "catastrophic annex" which would trigger certain immediate actions in the aftermath of a catastrophe. Such a reform would have a profound impact on the health care response in future catastrophes.

These actions should, at minimum, include:

- **Automatic 100 percent cost share for Medicaid for evacuees displaced because of a catastrophe.** After Katrina and Rita, we waited until December 2005 for an act of Congress to give the federal government the authority to waive

Louisiana's cost share. Without this waiver, Louisiana Medicaid would have been placed in dire financial circumstances.

- **The creation of an uncompensated care program with clear eligibility guidelines for providers of health care services to uninsured victims of the catastrophe.** Congress appropriated $120 million in uncompensated care dollars for this purpose in December of 2005, but the delay caused some uninsured victims to be denied access to health care services because providers could no longer act as Good Samaritans without a formal commitment that they would be reimbursed for treating these uninsured patients. Further, in the absence of clear guidelines for eligibility and reporting by providers, many providers lost out on compensation for reimbursable expenses because they were not able to meet unique eligibility requirements of the program.

- **A provision allowing for the delivery of mental health treatment services in addition to basic crisis counseling.** In a mega-disaster such as Katrina and Rita, basic mental health services should be expanded to allow for the diagnosis and treatment of mental disorders that may surface as a result of pre-existing mental conditions, or prolonged exposure to adverse circumstances. Some of these include high levels of anxiety, clinical depression, trauma-related disorders, developmentally-related childhood conditions and failure-to-thrive situations with older adults for whom the future seems bleak. .

In addition to reforms to the Stafford Act, there is a strong need for flexibility in using Disproportionate Share Hospital (DSH) funds to cover uncompensated care services outside of the hospital setting and assistance in dealing with the unique strain placed on the state's graduate medical education programs because of the destruction or displacement of its two major teaching facilities in New Orleans.

Funding for General Health Care Services

In the wake of Hurricane Katrina, Congress provided $2 billion in the December 30, 2005 Deficit Reduction Act (DRA) to support host communities nationwide in providing health care services to displaced Katrina victims. The DRA funds and the related Medicaid demonstration waiver showed a welcome recognition of the fact that the effects of natural disasters are not confined to physical destruction in a given geographic region. The resulting allocation of nearly $700 million to the Louisiana Medicaid program to pay 100% of the costs of services to displaced victims, combined with the allocation of an additional $120 million for uncompensated services delivered by private providers around Louisiana, allowed the continuation of health care services to the most vulnerable storm victims in the months following the storm.

However, as important as these DRA funds were to ensuring access to care for displaced Louisiana residents, they were far too late in coming, a mistake that cannot be repeated.

We should be able to provide critical services to catastrophe victims without passing unique legislation.

For weeks, beginning shortly after the storm, officials from Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health & Human Services (HHS) declared a bold intent to pay the Medicaid and uncompensated care costs for victims of Katrina scattered to all corners of the country. The only problem was that CMS didn't have the statutory authority to make it happen.

The DRA carried the funding and authority necessary for CMS to follow through on its proposal, but by the time the bill was enacted four months after the storm, uninsured evacuees were starting to be turned away from critical care by providers whose initial Good Samaritan instincts were impacted by the realities of business and the necessity of compensation for services.

Even when the bill did pass, giving providers a sense of comfort that they would be compensated eventually, the problem was far from resolved. Only then was CMS able to initiate the program design work that laid the administrative basis for paying providers. Creating a unique program requires weeks, if not months, of regulatory processes. Certainly, the unique circumstances of every catastrophe require a program tailored to the specific situation, but this design process should be triggered in the first days following a disaster, not initiated more than four months later.

Compounding providers' concerns over administrative delays was the fact that CMS had to design the program from scratch. The ad hoc nature of the program resulted in confusion among providers about data requirements. Specifically, they were given non-traditional, patient-specific data requirements that were difficult to meet in the disaster's frenzied aftermath, eventually resulting in significant reimbursement denials that made the program far less effective than it might have been were it a standard post-disaster program.

In the absence of the DRA an even more catastrophic state decision to roll back Medicaid payments and authorized services would have taken effect. Prior to DRA passage, Louisiana expected to shoulder the full burden of Medicaid match for an expanded population of victims scattered nationwide, a burden that was growing unmanageably large before Congress acted to fully fund those Medicaid services.

Congress must act to prevent such uncertainty in access to care for future disaster victims. Providers will be more willing to provide uncompensated care if they have a clear understanding of the requirements to qualify for reimbursement, even if those eligibility requirements differ from normal reimbursement processes. Certainly, we can reasonably rely on Good Samaritans to offer services to victims in the immediate aftermath, but when the disruption to victims' lives is as prolonged as it was after Katrina and Rita and the volume of victims is as large as it was after Katrina (meaning the burden on welcoming providers is quite large), the federal government must standardize the means through which all victims can access and pay for their health care.

DSH Funding Flexibility

As important as the DRA funds were, they were time-limited and no longer provide for access to care for patients without the ability to pay. To address the access issue for uninsured patients, the state is pursuing flexibility to use its existing Disproportionate Share Hospital (DSH) funds to cover uncompensated care services outside of the hospital setting. Specifically, the state again requests that section 1902(a)(13)(A) be waived to permit the use of DSH for payments for non-hospital and physician services provided to the uninsured. This is particularly relevant to provision of specialty physician services.

The state has been informed by CMS that flexibility in the use of DSH funds will only be considered in the scope of a larger waiver request that ultimately shifts DSH funds to the purchase of insurance for uninsured individuals. Although coverage is a desirable goal, the state has done extensive analysis of this proposal and has concluded that there are insufficient funds in the DSH program to adequately cover the target population. Using the funds in a more flexible manner is a budget neutral solution that would allow the state to support physician and non-hospital (e.g., clinics) services and support the ultimate redesign of the health care system. Currently, the state is criticized for supporting a centralized, institutional-based system of care. However, federal DSH rules dictate this. The rule, which is waivable, results in more patients relying on emergency rooms for nonemergent care. DSH funds require a state match and have a cap on federal funds. This change in rule interpretation would allow us to provide greater access to care for displaced victims outside of institutional settings, with no additional federal funding that is not already available to the state today.

Financial Strains on Community Hospitals

Hospitals in the disaster parishes and surrounding host communities have reported post-disaster cost increases beyond those associated with the provision of uncompensated care. These abnormal costs include various costs of remaining open during and immediately following the disaster, increased labor costs resulting from the severely depleted labor supply in the affected parishes, and increased property and casualty insurance costs coast wide.

The United States Government Accountability Office is currently reviewing hospital financial records to discern their unique post-disaster needs. Depending on the findings of the GAO analysis, expected in early 2008, additional federal action may be necessary to stabilize the health care system in Louisiana.

Mental Health

Madame Chair, one of the most important services that displaced storm victims require, wherever they land after the disaster, is mental health counseling and treatment. In Louisiana, the pre-hurricane mental health infrastructure was overcommitted and inadequate to meet the needs of all those with serious mental illness. The hurricanes only

exacerbated existing problems both by destroying infrastructure, reducing the mental health workforce and creating a new population of people in desperate need of mental health services.

To date, the inpatient and outpatient mental health system is still significantly compromised, requiring major structural repairs as well as strategies for the recruitment and retention of professional and para-professional mental health care providers. It has become clear in the wake of Katrina and Rita that, once again, the Stafford Act fails to fully address an event of catastrophic magnitude, inadequately providing for mental health services for displaced victims.

The basic model in the Stafford Act of normalizing abnormal experiences for the general population is most adequate for the majority of persons who experience a natural disaster. The basic crisis counseling program (CCP) model is limited to sub acute, non-diagnostic interventions.

When a community is faced with a catastrophic event, irrespective of origin, and it results in: (1) high levels of exposure to traumatic material; (2) a recovery process involving rebuilding much of the community infrastructure, including health and mental health resources; and (3) a significantly prolonged reconciliation and recovery process, then the CCP model should have provision for the delivery of mental health treatment services as well.

The current enhancement of the CCP with "Specialized Crisis Counseling Services"' (SCCS) does allow for more organized and focused intervention, utilizing a single-session-solution focused model of intervention, but stops short of allowing for the diagnosis and treatment of mental disorders that may surface as a result of pre-existing mental conditions, or prolonged exposure to very adverse circumstance. Such conditions include high levels of anxiety, clinical depression, and trauma-related disorders, as well as a number of developmentally-related childhood conditions and failure-to-thrive situations with older adults who just want to give up because the future appears so challenging.

In short, I recommend provisions within the Stafford Act that allow for the identification of a disaster incident as catastrophic, triggering provisions for formal outpatient treatment (excluding the cost of medications) of conditions clearly related to exposure and recovery issues associated with the catastrophic event, and for a more comprehensive mental health recovery response. In this case, the length of the Regular Services CCP grant, which is now formally limited to 9 months with the possibility of extensions, automatically would be extended to a three year cycle.

In addition to Stafford Act changes, services for the severely mentally ill can be enhanced statewide if CMS grants the state a waiver of the federal Medicaid Institutions for Mental Disease (IMD) exclusion to allow a stand-alone inpatient psychiatric facility to receive federal match for Medicaid services. This would allow the state to more quickly expand beds for psychiatric services in host communities, as well as in disaster areas.

Graduate Medical Education

The sustainability of the state's health care workforce in years to come will depend on the strength of graduate medical education (GME) programs. In the wake of Hurricane Katrina, many of the state's medical students and residents were displaced from the LSU and Tulane teaching hospitals in New Orleans, landing in hospitals in Baton Rouge, Shreveport and beyond. Unfortunately, the institutions that continue to host residents are not adequately compensated under normal GME rules. Several actions are necessary to ensure sustainability of the current hosting arrangements, and further action should be taken to ensure such residency shifts after future disasters do not face similar problems. Specifically:

1. Financial relief is needed and could be achieved through an extended exemption from the "three year rolling average" for the medical schools and hospitals which stepped forth to assist residency programs post Katrina. HHS advised the state that federal legislation would be required to address the three year rolling average. Estimates from the hospitals place the cost of this at approximately $10 - $15 million over the next four years.

2. On April 7, 2006, CMS issued an Interim Final Rule that provided for continued Medicare financing of medical residents in training programs affected by natural disasters or public health emergencies. The interim final rule was applied retroactively to arrangements between home hospitals in the areas affected by Hurricanes Katrina and Rita that temporarily closed parts of their residency programs and the host hospitals that accepted the displaced residents as well as to future disasters.

   We request that the Interim final rule be extended beyond the current deadline of June 30, 2008. It is our recommendation that it be extended until such time as a new MCLNO is operational, however, it's critical that it be extended until at least June 2009.

3. The GME programs do not have the ability to readily reassign residents in the aftermath of a disaster. The state currently is developing a demonstration proposal to create a process that could be employed in any disaster situation that forces the closure or partial closure of a major teaching hospital or hospitals. This would only apply to residency slots that could not be supported educationally and financially by the impacted hospital. This model, in many ways, follows the model currently being tested in the State of Utah, but the scope of the demonstration would be considerably smaller. This project would provide both flexibility and stability to sponsoring institutions and host hospitals, ensuring accreditation of programs and the necessary financial support to allow host hospitals to open their doors to additional residents.

Portability of Medical Records in Disaster

The majority of Louisiana's 1.2 million citizens who were displaced due to Hurricane Katrina lost access to their physicians as well as their medical records. Recognizing the enormous challenge this presented, shortly after the storm, the DHHS Office of the National Coordinator (ONC) committed $3.7 million to Louisiana to develop an electronic health information exchange (HIE) to recover and recreate electronic medical records.

Through this contract between ONC and DHH, a prototype of a statewide HIE was developed. This prototype demonstrated the ability to collect critical medical information for Louisiana citizens into a database that could be accessed in the event of another disaster. In addition, it demonstrated the utility of having the ability to share electronic information in the day-to-day care of patients. Governor Blanco and the legislature subsequently committed $53 million to strengthen this aggressive health information technology agenda.

These funds will build upon the federal funding from the ONC as well as a $350,000 contract from DHHS/ONC and the Agency for Healthcare Quality and Research for work on Louisiana's Health Information Security and Privacy Collaborative to further develop the Louisiana HIT agenda. This agenda is focused on creating an interoperable health information system that allows for seamless sharing of electronic information to improve patient safety, improve health care outcomes and increase efficiency in the provision of health care.

Specific plans include:

- Developing regional health information organizations (RHIO) in 3 major regions of the state, including the New Orleans area - $3 million;
- Supporting the adoption of electronic medical records in physicians' offices - $7 million; and
- Promoting the use of electronic medical records systems in rural hospitals - $13 million.

In addition, the Louisiana Legislature appropriated $30 million for the Louisiana State University System Electronic Medical Records adoption. These funds will support the overall state's commitment to health information technology.

Providing Social and Human Services to Evacuees in Host Communities

When looking at the human and social impacts on communities hosting large number of evacuees in the aftermath of the 2005 hurricanes, two challenges stand out: evacuees' access to coordinated services in their new communities and determining who should lead and provide social and human services to these evacuees.

Access to and coordination of services

Displaced citizens have an abundance of complex social and human needs. Some citizens were reliant on such services before the 2005 hurricanes, many were not. The two primary challenges in this realm related to the lack of coordinated services and the lack of access to services. This led to a substantial demand on the infrastructure and capacity on service providers, government entities and churches in host communities.

Coordinated services should incorporate the resources of the federal and state governments in addition to those of local service providers, churches and non-profits.

Accessing appropriate services is complicated in a new locale, albeit in a shelter, trailer village, new apartment or home of a relative. A clear "lesson learned" is the need for wrap-around services to citizens in all types of FEMA housing placements, but most especially for those in FEMA villages. Many residents of FEMA villages lacked personal transportation, limiting their ability to seek out even basic services on their own. Increased public transportation was funded for a limited time in some trailer locations, but once this was discontinued, the residents were increasingly isolated from services and limited by the location of their FEMA housing. Placing individuals in isolated FEMA trailers without access to transportation or other community services is not an acceptable or effective way to serve displaced residents in host communities.

A forthcoming report by the Louisiana Family Recovery Corps (LFRC) indicates citizens in FEMA trailer communities felt less hopeful about the progress of their recovery compared to their counterparts in more permanent housing, such as apartments. Indeed, compared to residents in permanent housing solutions, more trailer residents describe their recovery as not even having begun yet. These findings underscore the need for greater social and human services for citizens in FEMA trailer communities – both to benefit the citizen and reduce the burden on host communities. According to an LSU survey of residents in FEMA trailer parks, an alarming 58 percent of residents showed signs of clinical depression, about eight times the normal rate.

In the immediate future, we need to do the following:

- Share data on clients so that services and case management can assist in transitioning to more permanent housing without a disconnection from needed services. We still lack sufficient data to be able to reach out to our citizens currently undergoing transitions out of trailer parks. We are also losing track of those no longer eligible for services or those that are now being determined ineligible by FEMA. We cannot even ascertain the scope of the problem because of a lack of coordination with FEMA and the State. **This is a problem that can and should be easily solved by mandating that FEMA partner with the State to ensure that these vulnerable citizens are connected to appropriate case management.** We also need clear, advance notice of trailer park closures. The alternative is to have them burden our system of social services in the future further down the pipeline when their situation has deteriorated further or worse

yet, they fall through the cracks entirely. This lack of information also makes it nearly impossible to identify the current and potential future number of citizens who are or will become homeless (or are at risk for homelessness).

- FEMA is good at logistics. That's what they do. They can procure and establish temporary living arrangements more efficiently than most agencies. However, they are not well suited for providing human services and our citizens are not commodities to be treated as inventory. Resources and responsibilities for the well-being and transitioning of the displaced need to be handed off earlier in the process through a coordinated effort between FEMA, HHS, State agencies and non-profit service providers. This will allow a much smoother transition to a more permanent living situation for the displaced where continuity of services can be maintained in a holistic manner to maximize the well-being of our most vulnerable who have suffered incredible disruptions to their lives.

- If FEMA is going to manage the human caseload, the agency must be accountable for ensuring that all of our citizens are appropriately served and accounted for. We need clarity on who can hold FEMA accountable.

In the longer term, we must heed the lessons learned after Katrina and Rita and enact the following changes when serving displaced citizens:

- Place the displaced in existing communities to the best extent possible.

- Where temporary group sites are required, incorporate community spaces in the design and ensure that adequate transportation and comprehensive case management services are readily available. To the extent possible, cluster evacuees with pre-existing relationships, be they family, friend or neighborhood relations, to provide a sense of continuity in community.

- Create partnerships between FEMA and governmental and non-governmental entities to coordinate services.

In addition, to eliminate the burden currently placed on communities still hosting those displaced by the 2005 hurricanes, we must assure a continual and coordinated effort to provide services and support to these citizens. Coordination has diminished to a point that causes difficulty in addressing critical recovery issues.

Delivery of case management and social services

A key question Louisiana faced in 2005 was how case management and social services should be provided and funded after a catastrophic disaster and who should lead these efforts.

Many different models for service delivery were implemented including; a) FEMA-led case management, b) case management and services funded by federal dollars via

Louisiana to the Louisiana Family Recovery Corps (LFRC), a new non-profit established for this purpose established after the storm, c) stand-alone case management provided by various non-profits independently funded, and d) case management funded via a national non-profit (UMCOR) but no funding for direct social services.

Many lessons were learned with each model – for example, federal dollars can be sent via a federal funding stream that is possibly unintentionally too stringent to meet the evolving needs of displaced citizens.

Another lesson learned is that case management services *without* service delivery dollars leads to an unfunded service burden on host communities to provide social and human services. Stand-alone operations via nonprofits likely have the greatest potential to be dynamic and immediately responsive, but many of these local groups faced challenges related to coordination of their work with government entities and funding of this new demand for their services by populations displaced in their communities.

Ultimately, Louisiana found that using federal funding streams governed by strict guidelines and lacking flexibility did not meet the evolving human service needs of citizens displaced after the catastrophe and that overburdening one entity of government with responsibilities outside of their usual expertise hindered evacuees' ability to access critical services.

Conclusion

In the future, we must implement the following changes to ensure clear leadership and proper delivery of medical care, case management and social services following a disaster:

- Amend the Stafford Act to create a "catastrophic annex" which would trigger immediate medical funding and assistance in the aftermath of a catastrophe.

- To address the access issue for uninsured patients, provide more flexibility in the use of Disproportionate Share Hospital (DSH) funds to cover uncompensated care services outside of the hospital setting.

- Grant flexibility at a state and federal level in the use of funding for human and social services and the interpretation of law and policy so that funds can reach those they were intended to serve.

- Capitalize on the strengths and expertise of entities. FEMA has strong logistical capabilities, but less expertise in providing needed human services, such as housing case management. This should be recognized in the planning process so that federal, state, and local partners can coordinate with FEMA early in disaster response to ensure targeted resources get where they are needed.

- Use intermediaries to coordinate the vast range of services from various funding streams so that the needs of displaced individuals can be address holistically.

To improve the situation in communities still hosting the displaced, we need a clear definition of roles and accountability structures put in place for case management and service provision with the goal of moving citizens from transitional housing into permanent housing solutions.

The victims of hurricanes Katrina and Rita were fortunate to have host communities who provided physical, emotional and even spiritual sustenance.

We need to ensure that, when such a catastrophe occurs again, these host communities have the resources they need to adequately address the human toll without placing undue strain on their own populations.

Greg Davis, Chairman
IAAM Shelter Task Force
Senate Hearing Testimony
Baton Rouge, Louisiana
December 3, 2007

In response to Hurricanes Katrina and Rita, many of America's arenas, stadiums and convention centers were asked to convert their operations to mega-shelters to accommodate thousands of evacuees who were in desperate need of basic living necessities and medical services. Facility Managers around the country responded to this call without hesitation, focusing with great passion on the needs of many senior citizens, children and families who were trying to survive a terrible disaster.

Public assembly facilities were converted to mass care facilities for extended periods. There was no precedence for such operations. This new territory of facility management required the resourcefulness and skill of the professional facility manager and staff, to respond adequately to the needs of evacuees. They demonstrated an ability to perform under extreme circumstances.

Before Hurricane Katrina, most shelters consisted of schools, churches and recreation centers. They were small, accommodating up to a thousand people on average. For the first time in our nation's history, in response to Hurricanes Katrina and Rita, arenas, convention centers and stadiums were used to accommodate tens of thousands of evacuees over several weeks. These facilities provided sleeping arrangements, showers, clothing, medical services, social services, postal services, mental health counseling, classrooms, recreation centers, religious services, laundry services, pet and animal

control, security and three meals a day. Some facilities even required isolation rooms to house evacuees with contagious diseases.

The Cajundome, which was used as a mega-shelter in Lafayette, Louisiana, accommodated 18,500 evacuees over 58 days. It provided 409,000 meals to evacuees and first responders. Houston's Reliant Park sheltered 27,100 evacuees over 37 days. They processed another 65,000 evacuees located throughout Houston as a processing center for the state.

Shelters in Dallas, including the Dallas Convention Center and the Reunion Arena, provided shelter for 25,000, processed another 27,000 for American Red Cross benefits over 39 days and served 114,200 meals.

The first difficulty that confronted the facility manager was the fear that was generated in communities from the depiction of evacuees as looters, rapist and thugs. Television news created a false image of the evacuee. They were not looters, rapist and thugs. They were senior citizens, children, mothers and families desperately trying to survive a devastating disaster.

When evacuees arrived by the bus loads for the help that was available at public assembly facilities, they found professionals who were ready to deliver compassionate care in spite of the televised sensationalism at the Superdome and the Morial Convention Center.

Hurricane Katrina exposed several weaknesses in our nation's ability to respond to major disasters involving the displacement of hundreds of thousands of people in a major metropolitan area enduring almost total devastation. One of these weaknesses involved the sheltering of evacuees before, during and after Hurricane Katrina. For the first time in our nation's history, the term mega-shelter was used to describe public assembly facilities like Reliant Park, the Cajundome and the Dallas Convention Center. The Hurricane Katrina disaster exposed a vital need for nationally recognized mega-shelter standards.

Managers who operate public assembly facilities relied on their association, the International Association of Assembly Managers (IAAM) to respond to the need for best practice guidelines for mega-shelter operations. Soon after the storms of 2005, the IAAM reached out to facility managers affected by Hurricanes Katrina and Rita. IAAM quickly discovered the need for an industry task force to establish nationally recognized guidelines for public assembly facilities that are converted to mega-shelters. The IAAM also reached out to its industry partners, the Department of Homeland Security and the American Red Cross.

In the summer of 2006, it released comprehensive best practice guidelines for mega-shelter operations. This booklet was shipped to arenas, convention centers and stadiums on the Gulf Coast and the Atlantic Seaboard. If called into service, facility managers will

now have critical sheltering guidelines that will help them face the extreme challenges of sheltering thousands of evacuees from a major disaster.

In October of this year, we saw thousands of people in San Diego fleeing their homes to the safety of Qualcomm Stadium. This facility converted to mega-shelter operations quickly and effectively. The lessons learned from the 2005 storms are helping responders do better in servicing disaster victims.

To convert to mega shelter operations, public assembly facilities must stop their normal business operations and in many cases cancel events. Most do not have a tax base to sustain operations and are unable to generate revenues to make payroll and to pay the expenses of operating the shelter.

In secondary and tertiary markets, this is especially problematic due to the inability of local government to fund a mega-shelter operation. Cleaning and custodial costs, for example, can cost several thousand dollars per day when hospital sanitation standards are required to prevent the spread of infectious diseases. In many cases, cash reserves are not sufficient to sustain the shelter operation over the long term.

Through its partnerships with the Department of Homeland Security and the American Red Cross, the IAAM hopes we can agree on nationally recognized reimbursement guidelines that will require FEMA to pay usage fees and to reimburse the hard cost of shelter operations and recovery.

Most public assembly facilities self-generate their operating revenues. Most do not have a tax base to sustain their operations once normal operations are stopped and events are canceled. Federal Disaster Assistance Guidelines must include the payment of usage fees, sheltering costs and recovery costs.

Public assembly facilities are now integral to disaster response. These valuable public assets are now available for the public good as they have never been before. The IAAM and the public assembly industry it serves stand ready to assist citizens across America when disasters require them to take shelter in an arena, stadium or convention center.

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